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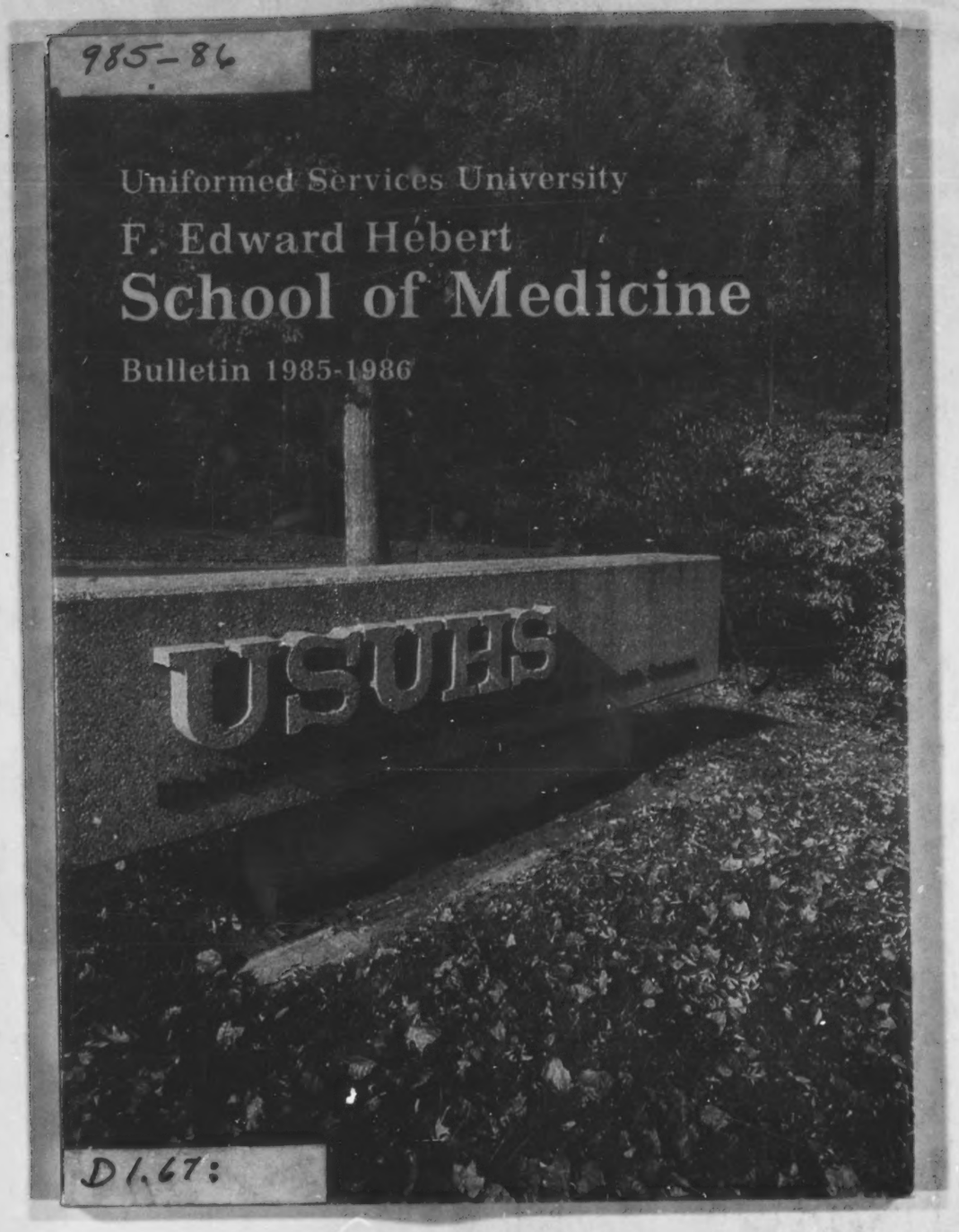
Uniformed Services University
F. Edward Hébert
School of Medicine
Bulletin 1985-1986
USUHS

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The F. Edward Hébert School of Medicine's Mission
To prepare young men and women for careers as Regular Medical Officers in the Uniformed Services.

Bulletin of the F. Edward Hébert School of Medicine

of the

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Phone (301) 295-3101
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For general information, write/call:

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School of Medicine
of the Uniformed Service University
of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814
Phone (301) 295-3049
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Volume 10, Number 1

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F. Edward Hébert

It was the 25 year effort of Congressman F. Edward Hébert (D-LA) that led to the Congressional passage of legislation to create the Uniformed Services University of the Health Sciences in 1972. In 1983, the Congress formally recognized Mr. Hébert's work on behalf of military medicine when it stated, "[the] Uniformed Services University of the Health Sciences has fully lived up to the bright promise that F. Edward Hébert held out for it, and the [Armed Services] Committee believes it is singularly appropriate that the medical school of the University be henceforth known as the F. Edward Hébert School of Medicine. The Committee knows that Mr. Hébert would have preferred this recognition more than any other to honor his legislative achievement and it believes that this section [of the legislation] is a fitting tribute to the great good which can be achieved when the dream of one man is pursued by an effective legislator."

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Message from the Dean . . .

The F. Edward Hébert School of Medicine is dedicated to academic excellence, scientific rigor, humanism, and professionalism. Students here acquire a solid understanding of health and disease. Their learning experience embraces both preventive and curative medicine and introduces them to the challenges which confront the uniformed services in peace and war. Graduates are prepared for a lifetime of learning and service as members of the uniformed services health care system.

Jay P. Sanford, M.D.
President of the University
Dean of the School of Medicine

William M. Narva
Rear Admiral, MC, USN
Vice-President of the University

Leonard W. Johnson, Jr.
Colonel, USAF, MC
Associate Dean of the
School of Medicine

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The F. Edward Hébert School of Medicine

In 1972, under the sponsorship of the late Congressman F. Edward Hébert, Congress enacted the *Uniformed Services Health Professions Revitalization Act (Appendix A)*, authorizing establishment of the Uniformed Services University of the Health Sciences. The Act directed that the University be organized under the Department of Defense and located within a twenty-five mile radius of the District of Columbia. It further stipulated that a Board of Regents, appointed by the President of the United States with the advice and consent of the Senate, be responsible for the governance of the institution. In addition, the founding legislation authorized the University to develop advanced degree programs in the various health sciences. It placed a priority on medicine and required that the University be so organized as to graduate not less than 100 medical students by the year 1982. In 1983, Congressional legislation officially designated the School of Medicine of the Uniformed Services University of the Health Sciences to be the F. Edward Hébert School of Medicine (hereinafter referred to as "the School of Medicine," or "the School"). The School of Medicine is a tuition-free institution (see section entitled Student Status and Service).

Policy Changes

The provisions of this bulletin should not be construed by applicants or students as an irrevocable contract. The F. Edward Hébert School of Medicine reserves the right to effect policy and regulatory changes at any time. Moreover, the School does not assume a responsibility for giving advance notice of changes made in policies, criteria, or rules. However, in the interest of protecting the students' welfare, changes necessary in such vital areas as curriculum or requirements for graduation will not be made retroactively unless they are to the students' advantage and can be accommodated within the remaining time before their graduation. Students and graduates of the School must also recognize that changes in the law or service policy may affect their rights and obligations. The *Bulletin* attempts to provide only a general summary of the policies of the uniformed services that affect University students. Individual service policies may differ from the summary indicated herein and the service policy rather than the *Bulletin* summary governs.

I.

General Information

A Uniformed Services Career in Medicine

A medical career in the uniformed services is like no other, and matriculation to the F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences (USUHS) involves a commitment to such a career. The practice of medicine as an active-duty officer provides a variety of experiences which offer the opportunity for continuing professional and personal growth. Although the needs of the services determine specific assignments and places of duty, medical officers have wide latitude in determining the content, direction, and pace of their career development.

Patient care in hospitals and clinics provides specialty training and practice and opportunities for clinical investigation. The team concept of medical care in the services permits the physician to practice medicine with the full support of professional paramedical and administrative personnel. Patient care in peacetime is largely practiced in modern facilities with easy access to colleagues and specialists to consult on problem cases. Although medical officers must be sensitive to the costs of medical care, the care of a patient is never compromised by the patient's inability to pay.

Operational, field, or executive medicine attracts many medical officers, often at a midpoint in their career. Such assignments offer adventure and identification with medical specialties unique to the American uniformed services.

The uniformed services offer many career opportunties, including preventive medicine, public health, aerospace medicine, and submarine and diving medicine. Medical officers command most medical units and organizations; the application of leadership and management skills to medical care and the direction of health professionals is a demanding yet satisfying challenge. One rewarding aspect of these careers is the opportunity to live and work with outstanding and dedicated men and women of the line elements of the services.

Uniformed medical officers will not acquire great wealth, but most find the pay adequate for themselves and their families. Fringe benefits

include thirty days of paid vacation annually and a generous noncontributory retirement plan. Also, medical officers and their families have frequent opportunities to travel, especially during overseas assignments, and can become intimately familiar with new places, foreign cultures, and people.

A uniformed services medical career should not be entered into lightly. There is, even in peacetime, the likelihood of assignment involving personal sacrifice. In wartime, this likelihood is increased. Combat requires the exercise of sound medical and military judgment under stress. The School of Medicine does not seek those who expect or would be satisified by an easy professional life. Above all, successful medical officers must understand the ideals of both the military and the medical professions and see no conflict between them. Only by devoted service to two professions—medicine and the military—can one gain full satisfaction as a uniformed services physician.

The F. Edward Hébert School of Medicine

History:

In 1976, four years after the enactment of the law, the School of Medicine received provisional accreditation as a four-year medical school from the Liaison Committee on Medical Education and admitted the charter class of medical students. In 1980, the School of Medicine was given full accrediation, and graduated its first class of medical students.

A unique national resource, the School of Medicine offers potential and challenges unparalleled in health education. The School makes it possible to educate individuals in the skills, knowledge, and attitudes which make competent, compassionate medical officers. Functioning as an educational resource for the services, the School enables military and Public Health Service medical departments to develop graduate level programs in health education. It further enhances the services' capabilities for developing continuing education programs, thereby assuring lifelong professional competence. Finally, through the School of Medicine, military physicians have an opportunity to contribute to academic medicine and research.

Philosophy:

The School of Medicine's principal emphasis is on training medical officers for the Army, Navy, Air Force, and Public Health Service.[1] Students are selected and admitted with the understanding that they will be trained for service to the nation, including assignments for intervals abroad or at sea. Dedication to the idea of service to country must be foremost among applicants' reasons for coming to the School.

Administration:

The medical program of USUHS operates under the dean of the School of Medicine. The dean and departmental chairpersons of the School of Medicine are responsible for working with medical center commanders and the Surgeons General of the uniformed services to assure the adequacy of clinical and investigative programs. The administrative center for the School of Medicine is located in Building A, 4301 Jones Bridge Road, Bethesda, Maryland, telephone (301) 295-3049, or AUTOVON

[1]As a result of reorganization of the Public Health Service, there were no Public Health Service students selected for the classes which matriculated in August 1981 through 1984 (the classes of 1985 through 1988). Final decisions regarding matriculants for August 1985 (the Class of 1989) and later have not been reached as of time of printing (April 1984).

295-3049. The admisssions office is in the same building, Room A1041, telephone 295-3101, or AUTOVON 295-3101.

At present, the School of Medicine and graduate programs in the basic sciences are the only operational academic elements of USUHS. However, plans allow for development of other health sciences programs in the future.

Faculty:

The teaching staff of the School of Medicine currently consists of approximately 220 full-time basic and clinical science faculty members and 1300 part-time scientists and clinicians. The mix of military and civilian faculty varies among departments. Students can expect both military and civilian faculty at all levels of instruction. Complete faculty listings are contained in Section VI.

Facilities:

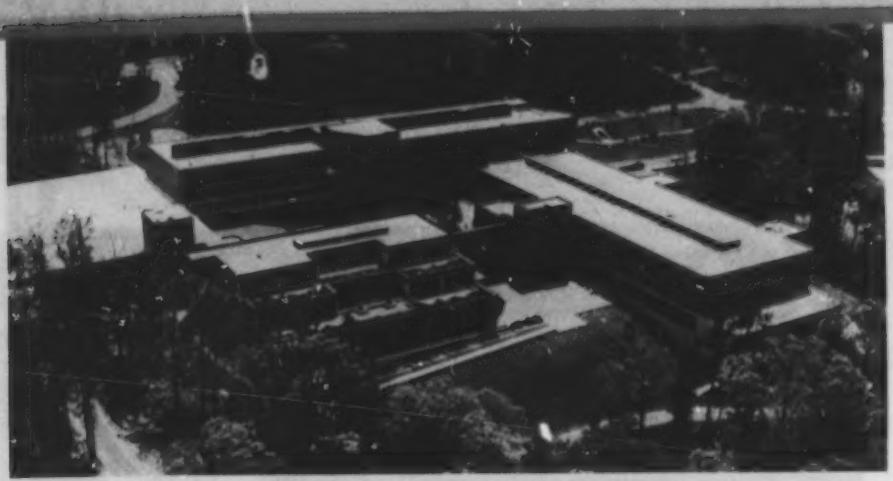
The University is located on the grounds of the Naval Hospital in Bethesda, Maryland. The University is close to major federal health facilities which, through affiliation agreements, provide resources to enhance the education of students.

The four buildings making up the University complex, together with ten affiliated teaching hospitals, can accommodate 800 students. Facilities include staff and faculty offices, classrooms, student multidisciplinary laboratories, a lounge, student study areas, departmental laboratories, academic support units such as an electron microscopy suite, a vivarium, and a library.

The Learning Resources Center possesses approximately 65,000 volumes, 1,800 audiovisual programs, and receives 1,500 medical periodicals on a regular basis. It utilizes computers to assist in various management functions (circulation, periodicals, and catalog) and in providing bibliographic and factual assistance to students and faculty. The Learning Resources Center utilizes the various data bases offered by the National Library of Medicine in its MEDLARS II system.

The Learning Resources Center serves in the National Library of Medicine Regional Medical Library Program, for the mid-Atlantic area, as a resource library for the Department of Defense libraries (Washington metropolitan area) requiring access to health science information.

Students receive part of their clinical experience at the Naval Hospital, Bethesda, Walter Reed Army Medical Center, Malcolm Grow USAF Medical Center, and Wilford Hall USAF Medical Center—institutions recognized as among the country's finest facilities for undergraduate and



The University campus in Bethesda, Maryland.

graduate medical education. Residency programs in all major specialties are offered at these medical centers. Affiliated with the University through joint faculty appointments and common teaching and research activities, these centers have sizable outpatient workloads and together more than 3,000 teaching beds.

Other health resources of the Federal Government provide complementary education in the basic and clinical sciences. These resources include the Naval Hospital, Portsmouth, Virginia; the Armed Forces Institute of Pathology; the Walter Reed Army Institute of Research; the Naval Medical Research Institute; the Armed Forces Radiobiology Research Institute; the U.S. Army Medical Research Institute of Infectious Diseases; the National Institutes of Health (600 beds); the Centers for Disease Control, Naval Regional Medical Center, Jacksonville, Florida; Eisenhower AMC, Fort Gordon, Georgia; Naval Regional Medical Center, Charleston, South Carolina; and DeWitt Army Hospital, Fort Belvoir, Virginia; Martin Army Hospital, Fort Benning, Georgia; USAF Regional Hospital, Eglin Air Force Base, Florida.

Elective courses are offered in clinical and research facilities in this country and in areas of the world where diseases rarely seen in the United States are responsible for 80 percent of the morbidity and mortality.

Approximately a half a mile from the campus is the National Library of Medicine, with a collection of over 1,500,000 volumes. Available to students and faculty, this unique resource is the largest single-subject reference library in the world.

Recreational and Social Activities:

Area military posts and bases offer a wide variety of recreational and social activities for students and their families. Facilities include bowling lanes, tennis courts, craft shops, theaters, indoor swimming pools, gymnasiums, golf courses, and officers' clubs. The officers' clubs offer many optional social activities for students and their spouses.

(Top) The USUHS Rugby Football Team won the National Military Championship in 1983.
(Bottom) faculty, students and staff participate in formal military dinner known as a Dining-in.

II.

Medical Education Program

The School of Medicine's educational program is unique. In addition to teaching the usual biomedical sciences that prepare students for providing preventive and curative health care, the School of Medicine also prepares students for working in adverse physiological and psychological environments.

Because of the need for broadly trained uniformed services physicians, the School of Medicine offers a very comprehensive curriculum. Flexibly designed to ensure clinical and academic experiences within the School, its teaching hospitals, and various military operational environments, the School's program includes a core of instruction in human biology. While initial emphasis is on the basic sciences, integration between the clinical and basic sciences is progressive and begins with patient care activities early in the first year. This allows students to see not only the physical and biological factors that affect the human body, but also the complex social factors affecting individuals. The concepts that medicine exists to serve society and that physicians must be humanists pervade the curriculum.

Educational Goals

The School's four-year program, which culminates in the doctor of medicine degree, is aimed at: (1) developing students into competent, compassionate uniformed services physicians; (2) creating and fostering an environment of learning and investigative curiosity; and (3) providing the setting for the development of uniformed service medical professionalism. The specific goals of the School's medical program are:

I. to teach the basic knowledge and skills physicians need, including:
   A. normal and abnormal human development, structure, and function,

B. the natural history of disease,
C. appropriate diagnostic, therapeutic, preventive, and health maintenance methods, skills, and knowledge of their limitations,
D. communication and learning resources skills, and
E. the mission of the military health care team and community social services.

II. to develop the fundamental attitudes of a humanistic physician-scientist, including:
A. respect and compassion for others,
B. intellectual honesty, including recognition of personal limitations,
C. an appreciation of scholarship and research,
D. an understanding for the socioeconomic and ethical aspects of medicine,
E. the realization that a career in the health sciences is a continuous learning experience, and
F. an acceptance of the physician's role as a uniformed officer, including personal physical fitness.

The School of Medicine offers more than just a sound, comprehensive medical education. Since the School's primary objective is to produce dedicated medical officers, leadership and military training and military medical programs are an integral part of the curriculum. Students are expected to master these aspects of their education.

The Learning Resources Center provides access to the latest technical assistance with computers, videodiscs, and audio-visual technology.

Curriculum

An overview of the curriculum is presented in Figure 1. A more detailed description of each year follows. Brief descriptions of courses and clerkships are contained in Appendix C.

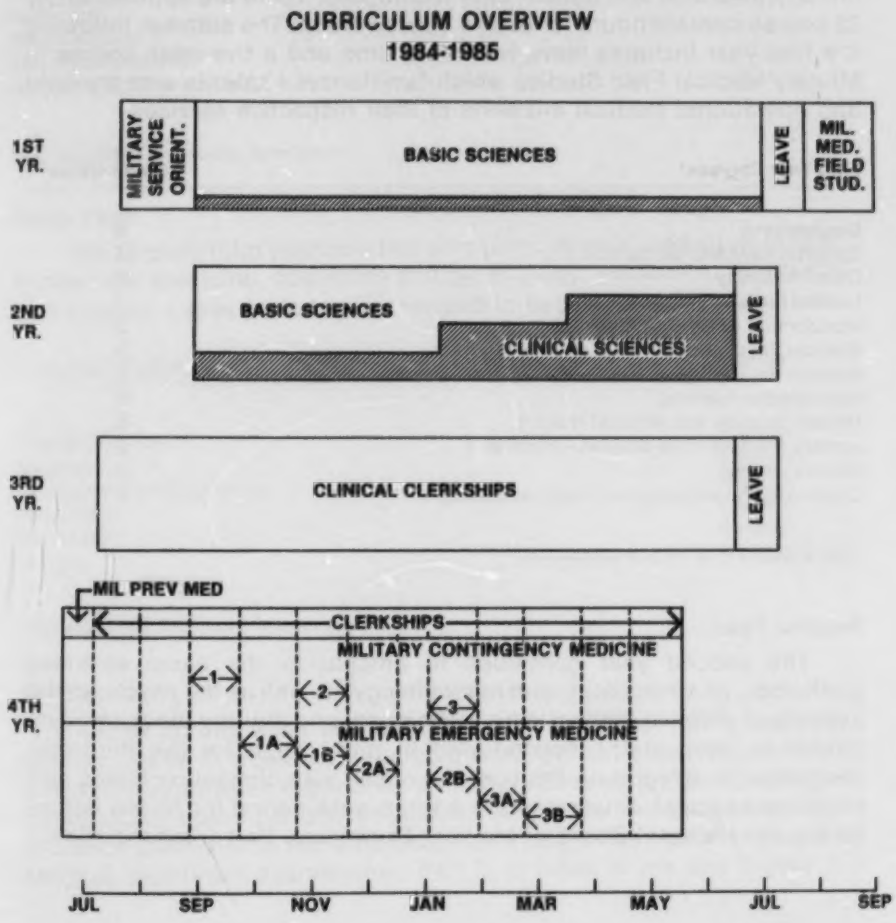


Figure 1.

First Year:

Before reporting to the University, new students are assigned on temporary duty to four-week officer's orientation programs of their respective services. These programs are designed to acquaint students with the customs and traditions of military life. Students then enter a 42-week academic program devoted to the basic biomedical sciences, the psychosocial aspects of health and disease, and an introduction to military medicine and patient care techniques. There are approximately 22 course contact hours for each 1 course credit. The summer following the first year includes leave (vacation) time and a five-week course in Military Medical Field Studies which familiarizes students with the field and operational medical missions of their respective services.

First-Year Courses*	Credit Hours
Biochemistry	9
Epidemiology and Biometrics	3
Gross Anatomy	8
Human Context in Health Care	3
Introduction to Clinical Medicine I	3
Medical Physiology	9
Medical Psychology	2
Microscopic Anatomy	6
Military Studies and Medical History	6
Military Medical Field Studies—Summer	5
Neuroanatomy	3
Diagnostic Parasitology and Medical Zoology	2

*See Appendix C for course descriptions

Second Year:

The second year continues to emphasize the basic sciences (pathology, pharmacology, and microbiology) as well as the psychosocial aspects of disease, patient care techniques, and military medicine. Emphasis is given in the second year in preparation for the third-year clerkships by integrating the basic sciences with clinical problems and their management. Students have a three-week period for review before taking the National Board of Medical Examiners, Part I, examination.

Second-Year Courses*	Credit Hours
Clinical Concepts	7
Clinical Pharmacology	2
Ethical, Legal, and Social Aspects of Medical Care	1
Human Behavior	4
Introduction to Clinical Medicine II	5
Medical Microbiology and Infectious Diseases	10
Military Studies II	2
Pathology	11
Pharmacology	9
Preventive Medicine	3
Radiographic Interpretation	1

*See Appendix C for course descriptions.

Third Year:

The 48-week third year consists of required clinical clerkships in family practice, medicine, obstetrics and gynecology, pediatrics, psychiatry and surgery. Leave periods are provided in December and in late June.

Third-Year Clerkships*	Duration
Family Practice	6 weeks
Medicine	12 weeks
Obstetrics and Gynecology	6 weeks
Pediatrics	6 weeks
Psychiatry	6 weeks
Surgery	12 weeks

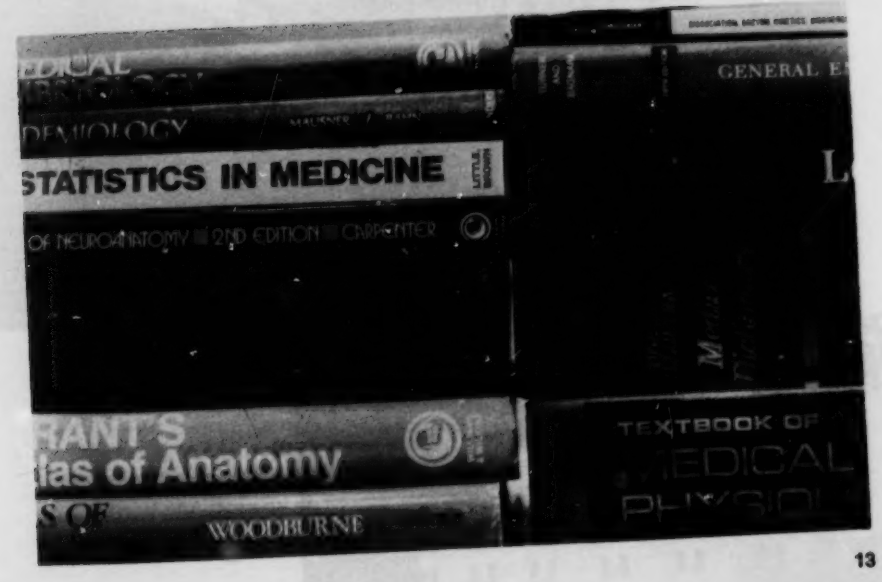
*See Appendix C for clerkship descriptions.

Fourth Year:

Following one week of instruction in military preventive medicine, students have 40 weeks of required clerkships and electives, including a required eight-week experience in Military Emergency and Contingency Medicine. Leave periods are scheduled for late December and April. Students graduate on the third Saturday in May. The National Board of Medical Examiners examination, Part II, is taken in the fourth year.

Fourth-Year Clerkships*	Duration
Military Preventive Medicine	1 week
Military Contingency Medicine	4 weeks
Military Emergency Medicine	4 weeks
Neurology	4 weeks
Medical Selective Block (to be chosen from Internal Medicine, Pediatrics, Family Practice, Radiology, Dermatology, Preventive Medicine)	8 weeks
Surgical Selective Block (to be chosen from General Surgery, Surgical Subspecialties, Anesthesiology, and Obstetrics/ Gynecology)	8 weeks
Behavioral or Psychiatry Selective Block	4 weeks
Subinternships and Elective Clerkships	8 weeks

*One fourth-year elective or selective may be an eight-week subinternship. Students may elect to take an eight to twelve-week research experience in any approved basic or clinical science area.


STATISTICS IN MEDICINE
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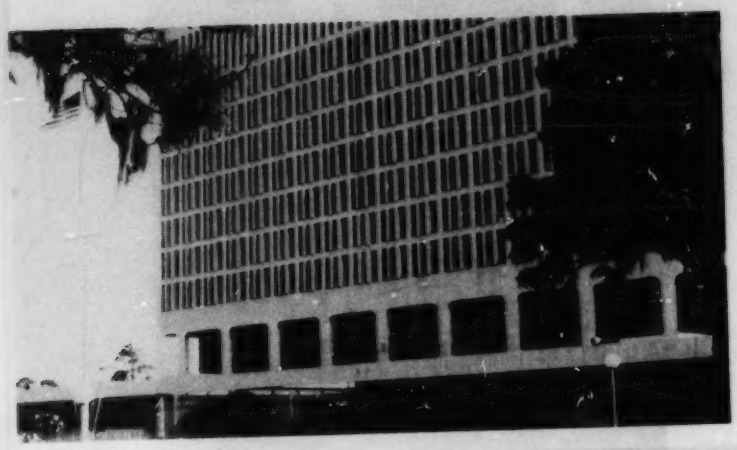
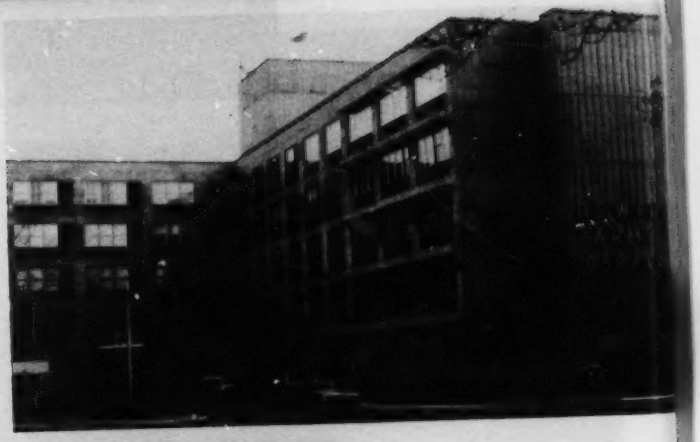
Clinical clerkship experience is available at numerous military medical centers around the world, including the following:



Naval Hospital, Charleston, SC



DeWitt Army Hospital, Ft. Belvoir, VA

Naval Hospital, Jacksonville, FL

III.

Graduate Medical Education

Graduates of the School of Medicine, with rare exceptions, must spend their first year after graduation in an internship or its equivalent, designated as Graduate Medical Year Education 1 (GME-1). Following this, graduates become eligible either for further specialty training or for a non-training assignment which would begin their period of obligatory service. (The service obligation for the four-year undergraduate medical program is seven years. See section entitled *Service Obligation*.) No additional service obligation is incurred for GME-1, and time spent in this training is creditable in computing eligibility for retirement. It is not, however, creditable toward satisfying the seven-year obligation incurred from undergraduate medical studies.

Graduates of the School of Medicine are required to apply for internships (GME-1) in approved programs in teaching hospitals of their respective services. Internships are competitive, thus a graduate of the School of Medicine is not assured of an internship in a service teaching hospital. Under extenuating or unforeseen circumstances, graduates may be required to seek GME-1 positions in civilian hospitals. However, additional active duty obligation will be incurred for GME-1 training performed in nonuniformed services medical facilities.

Following their first year of graduate medical education, candidates seeking further specialty (residency) training will be selected on a competitive basis depending on the needs of the military medical departments. However, the military services have a great need for primary care specialists, and the majority of vacancies for specialty training are in family practice, general internal medicine, pediatrics, obstetrics and gynecology, and operational medicine. Graduates may be required to serve in operational assignments as general medical officers before becoming eligible for specialty or subspecialty training.

Time spent in a residency does not count toward satisfying the service obligation incurred from participation in the undergraduate medical program of the School of Medicine, but is creditable in determining retirement eligibility. In general, students who take their residency training in

service medical teaching facilities while serving an existing obligation with at least two years remaining on that obligation. will not accrue additional service obligation for residency training. Therefore, to complete GME-1 and a residency program and fulfill all payback requirements including the initial obligation for medical school, the average graduate will have to spend approximately 11 years on active duty after receiving the M.D. degree. (See Table 1 for a breakdown of undergraduate and graduate medical education payback requirements. See also *Service Obligation* for additional information on payback requirements for undergraduate medical training.)

Summary of Training Obligatory Service Incurred, and Service Creditable Toward Retirement Eligibility

Training	Years
Medical School	4
Internship	1
Residency (in a uniformed service medical facility)	3 (Average)
Obligation	
Medical School	7
Years of Service Creditable Toward Retirement (Total Service minus Medical School)*	11

*NOTE: The four years spent in medical school are not creditable toward retirement eligibility nor for pay purposes at the time of retirement.

TABLE 1

IV.

Graduate Education in the Basic Sciences

ADDRESS ALL GRADUATE EDUCATION INQUIRIES TO:

Assistant Dean for Graduate and Continuing Education
F. Edward Hébert School of Medicine
Uniformed Service University of the Health Sciences
4301 Jones Bridge Road, Bethesda, Maryland 20814

Telephone: (301) 295-3107, AUTOVON 295-3107

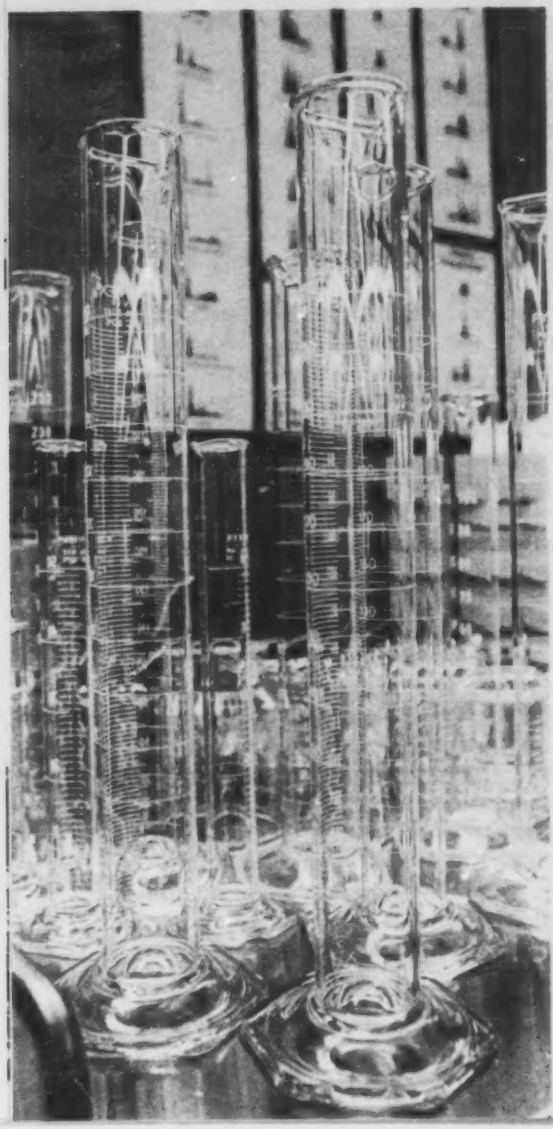
Graduate programs leading to doctoral degrees are offered in anatomy, biochemistry, medical psychology, microbiology, pharmacology, and physiology. Graduate programs leading to masters degrees are offered in public health, and tropical medicine and hygiene. The goal of graduate study in the basic medical sciences at USUHS is to develop independent scholarship, originality, and competence in research, teaching, and professional service. The graduate programs are designed for outstanding students committed to careers in the basic medical sciences. An individualized course of study is designed for each graduate student.

The graduate program is open to qualified civilian and active duty uniformed services personnel. Graduate students are enrolled on a full-time basis. They are designated predoctoral teaching/research assistants and assist in the instructional and investigative efforts essential to the School of Medicine.

A limited number of predoctoral teaching/research assistantships are available for civilian graduate students. These competitive stipendiary positions are filled based on the recommendations of the directors of the respective graduate training programs and the approval of the Assistant Dean for Graduate Education. The stipend and associated fringe benefits are comparable with the support provided to graduate students at other universities in the Washington, D.C., area. Civilian graduate students do not incur service obligations for participation in the graduate program. Uniformed services personnel must obtain the approval and sponsorship

of their parent service to attend the School in accordance with that service's regulations governing sponsored graduate education. USUHS is a tuition-free institution.

Each applicant for graduate study, before he/she can apply or be admitted, must complete a baccalaureate degree program or its equivalent from an accredited academic institution. Detailed information and application forms may be obtained from the Assistant Dean for Graduate and Continuing Education.



V.

F. Edward Hébert School of Medicine Admissions and Student Status

ADDRESS ALL ADMISSIONS INQUIRIES TO:

Director of Admissions
F. Edward Hébert School of Medicine
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda, Maryland 20814

The School of Medicine subscribes fully to the policy of equal educational opportunity. There are no quotas by race, sex, religion, marital status, national origin, socioeconomic background, or state of residence, nor are there Congressional quotas or appointments. All applicants are judged on personal merit in terms of demonstrated aptitude, potential, and motivation for the study and practice of military medicine. Only the best qualified, most promising candidates are selected.

Both civilian and uniformed services personnel[1] are eligible for admission. However, individuals engaged in programs of study sponsored by the armed forces[2] must have approval from their military departments or sponsoring components before applying. Each military department has established regulations governing the procedures for initiating and processing requests for approval. The School of Medicine will not take final

[1]The term "uniformed services personnel" means individuals who are currently on (or on orders for) active duty for a period of ninety days or more in any of the seven components making up the uniformed services: Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, and Commissioned Corps of the National Oceanic and Atmospheric Administration.

[2]Sponsored programs of study included in the undergraduate programs of the service academies, scholarship ROTC, and nonscholarship advanced ROTC.

action on the application of any individual who is in service or who is in a sponsored training program until receipt of an official "Letter of Approval to Apply."

Applicants should know the procedures involved in applying to a medical school. An excellent source for such information is *Medical School Admission Requirements*, published annually by the Association of American Medical Colleges (AAMC), One Dupont Circle, N.W., Washington, D.C. 20036. This handbook contains information such as; (1) high school and college academic course planning, (2) application procedures for medical school, (3) the medical school admissions process, and (4) medical school requirements.

Requirements for Admission

Applicants to the School of Medicine must:

1. be citizens of the United States,
2. be at least 18 years of age at time of matriculation but not more than 31 years of age as of 22 May in the year of admission,[3]
3. meet the requirements for holding a Regular commission in the uniformed services (see Appendix B),
4. be of sound moral character,
5. be motivated for a medical career in the uniformed services, and
6. meet the academic, intellectual, and personal qualifications of the School (see *Academic Requirements* and *Test Requirements* below).

Academic Requirements:

Military medicine needs individuals with a variety of interests and talents; thus, the School welcomes applications from individuals with diverse educational backgrounds. Intellectual maturity, however, is an important consideration in admissions decisions. Applicants should be well-informed, knowledgeable individuals who have demonstrated competence in scholastic pursuits. They should be adept in organizing, analyzing, and synthesizing factual information. Mathematical ability and a background in the sciences—natural, physical, and social—are also expected.

Prior to matriculation, an applicant must have:

1. attained a baccalaureate degree as of 30 June of the year of planned matriculation from an accredited academic institution in the United States, Canada, or Puerto Rico.[4]

2. Completed the following academic course work:

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[3]The age limits for entrance parallel those governing appointment in the Regular medical corps of the Armed Forces (Title 10, United States Code). Although age requirements may be waived for military personnel with prior or current active duty experience, such exceptions are rare.

[4]An accredited institution is any college, university, or institute which is accredited by an accrediting agency or association that is recognized for such purpose by the U.S. Commissioner of Education. Included within this definition are those institutions which are in the process of seeking accreditation and currently have provisional or conditional accreditation, or candidacy status for accreditation, based solely on the newness of the institution.

a. one academic year[5] of general or inorganic chemistry including laboratory
b. one academic year of organic chemistry including laboratory,
c. one academic year of mathematics,
d. one academic year of physics including laboratory,
e. one academic year of biology including laboratory, and
f. one academic year of college English (introductory courses in composition or literature are acceptable).

Persons who have not taken all required courses or who are not in the process of completing the last eight semester hours (or twelve quarter hours) of these courses at time of application will normally be ineligible for admission. Students who have taken prerequisite courses under a pass/fail grading system may submit them as evidence of meeting minimum requirements; however, applicants should take these courses under a graded system. College Level Examination Program (CLEP) and Advanced Placement Program (APP) credits may meet course requirements, provided the undergraduate college transcript clearly shows that credit was awarded. Individuals who submit CLEP and APP credits to satisfy course requirements should have taken formal additional work in the same area. Grades of "D" or lower in any prerequisite courses are unacceptable and do not satisfy minimum requirements.

While academic eligibility extends to anyone meeting the basic undergraduate requirements, applicants who have also done college work in humanities and social or behavioral sciences generally receive preference. Courses in history, philosophy, literature, political science, psychology, economics, sociology and foreign language are relevant and valuable, and the School believes they enhance a student's preparation for undertaking medical studies.

The quality of an applicant's work at the preprofessional level is of major interest to the School and is important in admissions decisions. Although grades are not the only criterion used in making decisions, college achievement is scrutinized very carefully, since the academic performance reflects achievement potential, capacity, interest, motivation, and self-discipline. While extracurricular activities, community service, employment, graduate study, military service, and personal accomplishments are considered in evaluating the applicants as a total individual, these factors cannot substitute entirely for a low academic undergraduate record.

[5]An academic year of course work consists of studies extending over a two semester or three quarter period and carrying a total credit of between 6 to 8 semester hours or 9 to 12 quarter hours.

Test Requirements:

Applicants to the School must take the New Medical College Admission Test (New MCAT), a nationally standardized examination designed to measure general and specific aptitude for medical studies. *Scores from MCAT exam taken prior to 1977 will not satisfy the School of Medicine's New MCAT requirements. The American Medical College Application Service has made no provision for submitting previous MCAT scores to medical schools.* Applicants must provide test scores that have been taken within the last three years of desired matriculation.

Applicants must make their own arrangements for taking the New MCAT. Administered by the American College Testing Program (ACTP), the test can be taken at any university testing center or at key military educational centers abroad. A registration packet containing an announcement, registration card, and other information concerning application for the test (including examination dates, testing locations, sample questions, score reports, and deadlines) is prepared annually. This packet is available through premedical advisory offices, military educational centers, and major university testing bureaus, or it may be obtained by writing to:

MCAT Registration
The American College Testing Program
P.O. Box 414
Iowa City, IA 52240

The registration fee for the examination is not reimbursable by the Government or the School of Medicine.

Applicants should not send personal MCAT score reports to the School. Arrangements should be made to have ACTP furnish official reports. The ACTP designator code for this institution is 821. The fall testing is the latest one the School of Medicine will consider for students applying for the following summer.

Application Procedures

Initial Procedures:

The School of Medicine participates in the American Medical College Application Service (AMCAS), a nonprofit organization founded to provide a centralized processing service for applicants to United States medical schools. Accordingly, applicants to the School must apply through AMCAS using the standard AMCAS Application Form.[6] This form is available only through AMCAS and is obtained by submitting an AMCAS Application Request Form, which is available from undergraduate schools, premedical advisors, or from the American Medical College Application Service, 1776 Massachusetts Avenue, Suite 301, Washington, D.C. 20036.

After receiving a request form, AMCAS will send an application packet to the requestor. The packet contains the standard application form and all necessary information regarding procedures, fees, and requirements for applying to the School. Applicants should follow the instructions in the packet carefully, for if materials are forwarded to AMCAS improperly or are not fully completed, AMCAS will return them for correction. This will delay processing. Individuals should not send application materials directly to the School of Medicine unless specifically requested to do so by the Committee on Admissions, as such materials will be returned for proper routing. The designation code assigned by AMCAS to the School of Medicine is 821.

The earliest date for submitting an AMCAS application for admission to the School of Medicine's 1985-1986 first-year class is 15 June 1984. The deadline for having all required credentials into AMCAS is 1 November 1984. *This is a receipt date, not a postmark date.* The cutoff is firm; therefore, applicants should submit materials well in advance of the deadline.

As soon as AMCAS receives an individual's application materials, the data reported will be verified for completeness and accuracy. If there are no irregularities, AMCAS will forward the candidate's application to the School of Medicine and notify the applicant when this referral action is accomplished.

When an individual's basic application materials have been received from AMCAS, the School's admissions office will dispatch supplemen-

[6]Individuals with a current application on file with AMCAS need not complete another application to apply to the School of Medicine. They need only submit a new School Designation Form and appropriate fee to AMCAS to have their original application materials forwarded to the School.

tary application materials to the applicant, if eligible. Supplemental credentials include a personal statement, a preference statement for service, three letters of recommendation, or a pre-medical composite and a passport-type photograph approximately 2½" x 2½". (Note: *Applicants should not begin sending letters of recommendation until they receive the supplemental application packet.)*

While the School of Medicine provides forms for letters of reference, it is not necessary to use them. They are furnished for the convenience of the applicants and the persons who write on their behalf.

Recommendations from faculty members in the sciences or in the applicant's major area of study are preferred, but the School of Medicine will accept recommendations from persons outside academia when the applicant feels that such individuals can provide better supporting information. Relatives do not qualify as references, regardless of profession or status in life. If the applicant's institution furnishes collective evaluations, the School of Medicine will accept, in lieu of the three letters of reference, a composite recommendation from a premedical advisory committee.

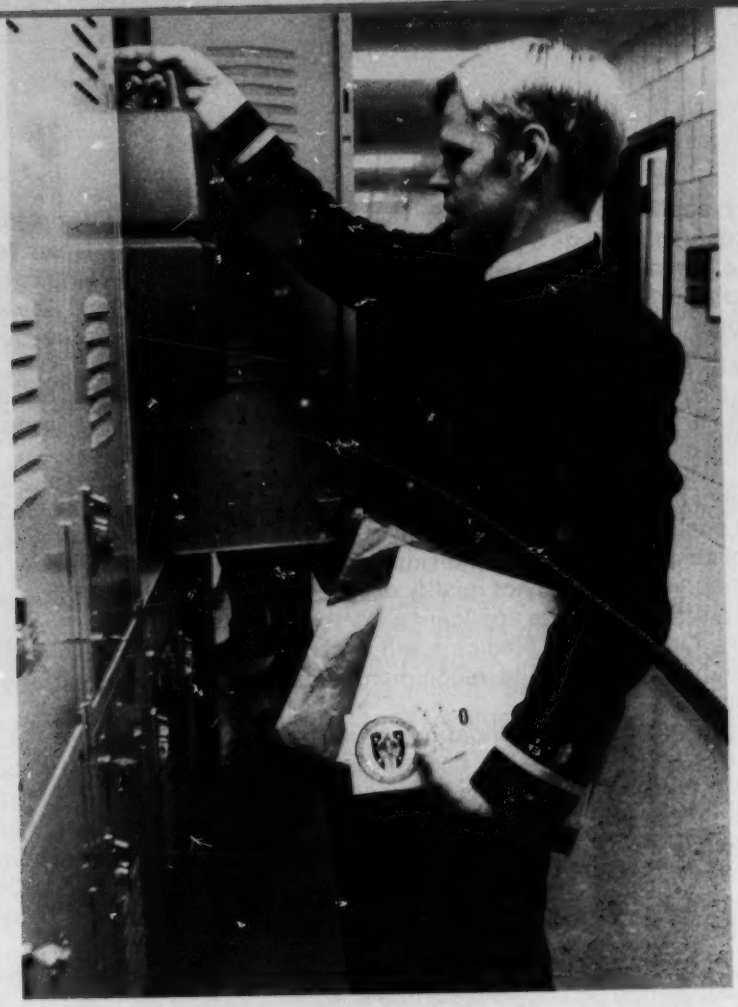
Writers of recommendations should provide in-depth information on the character, personality, and attributes of the candidate and elaborate on any relevant major events and/or achievements. The School of Medicine asks for substantive letters because recommendations are extremely important in the selection process. Recommendations should be sent directly to the F. Edward Hébert School of Medicine, USUHS Admission Office, Building A, Room 1041, 4301 Jones Bridge Road, Bethesda, Maryland 20814.

Applicants are responsible for requesting required letters of reference and supporting secondary credentials. Applicants who fail to submit these materials by the deadline will not be considered. All application materials submitted to the School of Medicine become the property of the University and will not be returned.

Once all supplemental application materials are in order, the Committee on Admissions reviews the individual's file. Applicants who merit further consideration on the basis of academic, intellectual, and personal qualifications will be invited for a personal interview. Those not selected for an interview are notified as soon as the decision is made.

Personal Interviews:

Invitations for interviews are in writing, and the admissions office schedules all appointments. Interviews will not be given to individuals other than those specifically invited and scheduled for them.



Interviews may be conducted at the University, in San Francisco, California, and San Antonio, Texas. The School of Medicine encourages applicants who are invited for interviews to come to the Bethesda campus to have the opportunity to meet students and see the facilities. However, the site of interview is of no consequence in admissions decisions.

Individuals are not reimbursed for travel expenses to and from interviews. (Note: Military personnel are not authorized TAD/TDY at government expense for interviews, but they may request administrative absence for this purpose.)

Those accepting the invitation are interviewed by School representatives. Interviewers evaluate the applicant's motivation and potential as a future military physician by observing the candidate's maturity, stability, interest, personality, and other salient qualities.

Final Screening and Requirements:

When interviews are completed, the Committee on Admissions will review the file and act on the application. Final decisions are based on the collective evaluations of members of the committee. Possible actions are: (1) conditional acceptance, (2) rejection, or (3) designation as an alternate.

Applicants conditionally accepted or designated as alternates receive written notification of their status as soon as the Committee on Admissions makes its decisions. Applicants not selected are also promptly advised of the committee's decision. The School of Medicine does not participate in the AAMC Uniform Acceptance Dates Program or in the AAMC Early Decision Plan.

Applicants offered a conditional acceptance have two weeks to acknowledge their intent to enroll. *This must be done in writing, and applicants failing to meet the deadline automatically forfeit their places in the class.* No deposit is required to hold a class space.

Those selected as alternates may be offered conditional acceptances any time prior to the start of classes whenever a vacancy arises. Enrollment procedures in such cases will be explained in the "Letter of Conditional Acceptance."

Service Assignments:

Conditional acceptance letters specify the branch of service (Army, Navy, Air Force, or Public Health Service)[7] in which the conditional selectee has been nominated to serve. The particular component assigned will depend on the preferences indicated by the applicant on his/her Service Preference Statement (submitted in second-stage processing)[8] and

[7]As a result of reorganization of the Public Health Service, there were no Public Health Service students selected for the classes which matriculated in August 1981 through 1984 (the Classes of 1985 through 1988). Final decisions regarding matriculants for August 1985 (the Class of 1989) and later have not been reached as of time of printing (April 1984).

[8]Service Preference Statements have no bearing on admissions decisions. Applicants compete for places in the class rather than for specific service assignments. The decision to nominate an individual for a given service component is purely administrative and is not a factor in selection to the School. It is important to understand also that present military status does not govern the branch which must be specified by applicants in Preference Statements. For example, an applicant currently in the Army is not obligated to indicate that component as the first preference, even if there is a payback commitment to that service. Nor is the School bound to nominate the individual for that service, even though it may be the person's first interest. The matter of making nominations is based on the preferences of the total selected population, their backgrounds and desires, and the service quotas established by the Secretary of Defense.

also on the projected needs of the services. The individual can either accept appointment in the branch stipulated or decline the offer to matriculate. The School cannot guarantee that nominations will be compatible with applicants' preferences, but will make every effort to accommodate their choices.

Physical Examinations:

As soon as individuals accept conditional placement invitations they are referred to the appropriate uniformed service to determine acceptability for commissioning. All applicants interviewed are scheduled for physical examinations and are required to complete paperwork for necessary background investigations (see Appendix B).

Physical examinations for potential entrants are performed without charge at military medical facilities as close as possible to their place of residence. The cost of travel to and from the examination site is the applicant's responsibility and is not reimbursable by the government or the School of Medicine.

Individuals approved by the services for appointment receive unconditional (final) acceptance to the School of Medicine. Individuals not meeting commissioning standards are ineligible to matriculate.

Applicants offered unconditional acceptances must maintain an acceptable level of performance in pending academic work. Those who fail to achieve an acceptable level of performance or who fail to complete baccalaureate degree requirements by June 30 will be denied admission, and if already enrolled they will be considered for disenrollment.

Advanced Standing and Transfer

The School of Medicine admits students only to the first-year class.

Student Status and Services

Professional Orientation Course:

Before coming to the School of Medicine in August, all freshman students are assigned to a four-six week orientation program which is supervised by the department of Military Medicine and is conducted at the following locations:

Army:	U.S. Army Academy of the Health Sciences Fort Sam Houston San Antonio, Texas
Navy:	Naval Education and Training Center Newport, Rhode Island
Air Force:	Leadership and Management Development Center Maxwell Air Force Base Montgomery, Alabama
USPHS:	U.S. Merchant Marine Academy Kings Point Long Island, New York

Students with prior service and ROTC or Academy graduates are considered on an individual basis for exclusion from these programs.

During this orientation, students start the administrative records process for entering active duty, buy uniforms and learn their proper wear, are provided basic information about their particular service, are introduced to the responsibilities of an officer, and begin to develop a class esprit de corps. Those students not accustomed to life in a uniformed service will find their orientation is both educational and challenging and will provide a smooth transition.

Following the service orientation program, freshman students report directly to the School of Medicine. A period of time is allocated after arrival for making living arrangements and getting settled in the area. Once classes begin, there is little free time for such matters. During the last week of August, there is a two or three-day orientation to the University.

Summer Experience:

The department of Military Medicine directs a program during the summer between the freshman and sophomore years in which students have a five-week duty assignment with their parent service followed by a three-week period of leave. This is a five-credit course, graded pass/fail, listed as Military Medical Field Studies.

Army students are assigned to the medical battalions organic to combat divisions. They have "hands-on" experience in a variety of jobs, such as working in a medical platoon, medical company or as an assistant staff officer. They also observe and participate in field exercises with hospitals, medical helicopter units and line combat battalions.

Navy students are assigned to fleet and Marine Corp units. They rotate with Preventive and Environmental Medicine units aboard ship, with Marines during training and field exercises, and with flight surgeons in support of air wings. Whenever possible, students spend seven to ten days aboard a vessel becoming familiar with medical operations at sea. A course in Undersea Medicine is also available.

Air Force students are assigned to an operational wing or squadron at the base level and participate in flight operations, ground and maintenance programs, and staff and command procedures. Students are authorized to fly on nearly any aircraft available. They also work with field hospital, disaster plans and mass casualty exercises.

United States Public Health Service students are provided a local two-week rotation through United States Coast Guard Stations and health agencies of the Public Health Service such as the National Institutes of Health and the Food and Drug Administration. Students also select a three-week assignment with the Indian Health Service, community clinics, or Centers for Disease Control.

Students who qualify may also volunteer for "adventure" training. This includes Airborne, Air Assault, Pathfinder, Ranger, Scuba, Special Forces Underwater Operations, Survival Training and Expert Field Medical Badge testing. This training demands exceptional physical and mental stamina and may result in the award of a distinctive badge.

These assignments involve the student officers in the line operations of their services and directly involve them with the medical units and programs that provide the field, fleet, and wing medical support in combat. Students work with the men and women who serve in non-medical units and learn both the demands and the occupational hazards of their working environments.

Status:

While enrolled in the School of Medicine, students serve on active duty as Reserve commissioned officers in grade 0-1 (i.e., second lieutenant in the Army or Air Force, ensign in the Navy, junior assistant surgeon in the Public Health Service) with full pay and allowances for that grade.

Military personnel accepted for entrance who hold appointments in grades higher than 0-1 must revert to pay grade 0-1 upon matriculation. Regular officers of the uniformed services selected for entrance must resign their Regular commissions to enter the School. Resignations can be arranged to be effective coincidental with admission to preclude a break in service. Enlisted acceptees are discharged from their components at home station the day preceding their effective Permanent Change of Station (PCS) dates to the School and commissioned on the day of official departure from their units.

Longevity credit for pay does not accrue for students for time spent in school, and students do not receive longevity pay increases during that time. Length of prior service, however, does count in determining the amount of basic pay in grade 0-1.

Time spent as a medical student, though considered active duty, does not count in determining eligibility for military retirement, and is not creditable for computing retired pay once retirement eligibility has been established. A maximum of three years of prior commissioned service counts in determining medical corps promotion eligibility and will be creditable for promotion purposes by the regulations of the service concerned.

Upon graduation, officers are commissioned in the Regular medical corps and promoted to grade 0-3 (i.e., captain in the Army or Air Force, lieutenant in the Navy, and senior assistant surgeon in the Public Health Service).

Service Obligation:

Officers awarded the doctor of medicine degree following a four-year program of medical studies are required by law to serve on active duty for seven years. Except as law or service policy otherwise prescribes, this obligation is added to any other active duty obligation, whether incurred prior to matriculation or subsequent to graduation (see also *Graduate Medical Education*).

Students who withdraw voluntarily or are dismissed from the School must perform military duty in an appropriate capacity, as determined by the Secretary of the military or Public Health Service department con-

cerned, for a period equal to the period spent in training, but no less than one year. Unless law or service policy requires otherwise, the incurred service obligation for students separated from the School is added to any other prior service commitment. Students who leave the program may be required to repay the government for the cost of their education.

Leave Policies:

As officers on active duty, students are authorized thirty days of leave per year. Because of curriculum requirements, leave can be taken only during official school breaks, such as winter recess, and the months of June, July, and August. This leave policy is modified for fourth-year students. Leave is approved and scheduled by the Commandant of Students. Federal holidays and end-of-examination breaks are generally authorized periods of absence.

Benefits:

As active duty officers, students are eligible for a wide range of benefits. They may use commissary and post exchange facilities; they are eligible for Serviceman's Group Life Insurance, a term protection plan providing unrestricted coverage up to $35,000 at a low annual premium; they are provided legal services without charge for certain problems (e.g., advice on income tax matters, the execution of personal wills); they are eligible for regular membership in the Officers' Club and entitled to participate in any of the functions and activities sponsored by that organization; and they are provided comprehensive medical and dental care without charge. A University health service is available to students for medical care and counseling.

Dependents of students have the same entitlements as dependents of other active duty personnel. Like their military sponsors, they have commissary and post exchange privileges, and may use Officers' Club facilities as well as the services of military legal officers. In addition, they are eligible for medical treatment and care in uniformed services facilities on a space available basis (dental care is restricted to emergency care, routine cleaning, x-rays and oral examination), or, under certain circumstances, from a civilian medical resource at partial government expense. Charges for other types of health care vary depending on circumstances, but are generally much lower than they would be under other medical programs.

Housing and Living Expenses:

Students are responsible for arranging for their lodging and meals. A nontaxable monthly allowance is provided in addition to basic pay to help defray these expenses.

If they desire, students may use the School's cafeteria or the military dining facilities on the base of the Naval Hospital, Bethesda. These facilities offer excellent meals at reasonable prices.

Housing costs, including rentals, in the Washington, D.C., area are higher than in other major metropolitan areas, but other living expenses approximate those found in any city of comparable size. Upon request, the base housing office will help students locate suitable living accommodations.

Tuition, Books, and Equipment:

The School of Medicine is a tuition-free institution. In addition, books, equipment, and instruments are furnished to students either without charge or on a loan basis.

Uniforms:

Students must wear prescribed military attire in class. New students need not report in uniform to their temporary orientation duty stations in July. Time will be allotted during orientation for uniform purchase and fitting. The purchase and maintenance of uniforms is an individual responsibility. Students receive an initial uniform allowance of between $250-$300 during orientation if they are entering commissioned service for the first time. Uniform and accessory costs vary, but usually range between $300 and $400 and generally exceed the uniform allowance. Students are required to report in uniform when arriving at the University in August.

Travel Expenses:

Matriculants to the School of Medicine are reimbursed for travel expenses for relocating themselves and their dependents to the Washington, D.C., area. Travel expenses and per diem for the student will be paid while matriculants are attending officers' orientation programs enroute to the University. Matriculants may also move personal effects and household goods to Washington at Government expense. Department of Defense Joint Travel Regulations limit the amount of reimbursement for travel and impose a ceiling on weight for shipment of household goods, but these limitations should not financially burden most students. Detailed information on moving and travel entitlements is given to new students several weeks before registration.

Academic Policies

Examinations and Promotions:

All courses given by the School of Medicine, including electives, are graded. Examination and evaluation methods vary between the departments. Most courses are graded A, B, C, D, or F, although a few are Pass/Fail.

A grade point average is computed for each student, but an official class standing list is not published. Letters of recommendation and officer efficiency reports place students by class thirds, as well as indicating the grade point average for the academic year.

Academic progress is monitored by the Student Promotions Committee. Failure to complete course work or maintain an acceptable grade point average may cause the Committee to recommend remedial work or

dismissal. The final decision to dismiss a student from the School of Medicine rests with the dean.

Students have 46 months from time of matriculation to fulfill all requirements for the M.D. degree. Those who appear to be unable to complete degree requirements on time are immediately considered for dismissal. An extension of time may be given by the dean, but these exceptions are granted only on an individual basis.

Beside meeting the academic and personal requirements to graduate from the School of Medicine, students must take Parts I and II of the examination given by the National Board of Medical Examiners. Both parts of the examination are administered annually, Part I usually in June, and Part II usually in September. Students normally take Part I at the end of the second year of medical school and Part II in their fourth year.

Part I of the examination focuses on the basic sciences, namely anatomy, physiology, behavioral science, biochemistry, pathology, microbiology, and pharmacology. Part II covers internal medicine, surgery, obstetrics and gynecology, public health and preventive medicine, pediatrics, and psychiatry. The fees for taking both parts of the examination are paid only once by the School of Medicine.

Students who fail either part of the test and who have a cumulative grade point average of less than 2.3 must appear before the Student Promotions Committee.

Students may withdraw from the School of Medicine at any time. To do so, an individual must submit a letter of resignation through the commandant to the dean stating the reasons for wishing to withdraw. If a student's resignation is accepted, he or she must fulfill an obligation as described under *Service Obligation*. Individuals withdrawing voluntarily who are not deficient in conduct or studies are recorded as disenrolled in good standing, but may be required to repay the government for their education costs.

By 1986, policies of each of the uniformed services will require that a medical officer must hold a valid license to practice medicine in one or more states.

(Top) A working session of the University's Board of Regents. (Bottom) Dr. David I. Olch, Chairman of the USUHS Board of Regents, reviews the formation of medical students accompanied by the Commandant of Students.

VI.

Faculty and Administration

Departments and Sections[1]

Department of Anatomy

Chairman: Malcolm B. Carpenter

Secretary: Mary Thompson

Visiting Professors: Erling Stanford, Ira R. Telford

Adjunct Professor: Milton W. Brightman

Associate Professors: Mark R. Adelman, David C. Beebe, Donald B. Newman

Adjunct Associate Professor: David Lee Robinson

Visiting Associate Professor: Robert F. Spencer

Assistant Professors: Juanita Anders, Rosemary Borke, David S. Forman, James H. Gross, Martha C. Johnson, Rita Liu, Kathryn J. Lynch, Mark D. Rollag, Gary G. Wind

Adjunct Assistant Professor: Carole H. Latker

Department of Anesthesiology

Acting Chairman: Brian F. Condon

Secretary: Hortense Koller

Visiting Professor: Jerome Modell

Clinical Professor: Robert R. Kirby

Associate Professors: Sheila Muldoon, Honorato Nicodemus

Affiliated Associate Professor: Donald J. Sass

Assistant Professors: Carlton Q. Brown, Robert A. Brunsvold, Gerald A. Burger, Brian F. Condon, John D. Current, Michael R. Magruder, Michael E. Mahla, Jo-Ann B. Ruby

Research Assistant Professor: William Freas

[1]Individuals appointed after November 1983 are not included in this listing.

Department of Biochemistry

Acting Chairman: Lucy M.S. Chang

Secretary: Darrie Ann Anderson

Professors: Frederick J. Bollum, Lucy M.S. Chang

Associate Professors: Doris Corcoran, William T. Ruyechan

Assistant Professors: Troy J. Beeler, Andrew Holmes, Valerie W. Hu, Margaret I. Johnston, Larry M. Paglia, Ronald C. Peterson, Mark A. Roseman, Robert W. Williams

Adjunct Assistant Professor: Paul Yager

Adjunct Instructor: Patricia M. Young

Visiting Instructor: Ling C. Cheug

Department of Dermatology

Acting Chairman: William M. Narva

Professors: James R. Graham, William M. Narva

Associate Professors: Stephen I. Katz, Orlando G. Rodman, John R. Stanley

Assistant Professors: Timothy G. Berger, W. Dean Henrichs, Kevin P. Hogan, Harry Parlette III

Clinical Assistant Professor: Stacy McMarlin

Department of Family Practice

Chairman: Larry J. Ehemann

Secretary: June Rohlfs

Associate Professors: Simon L. Auster, Larry Ehemann, David W. Rabak, David Scharff

Affiliated Associate Professors: Ira B. Horton, Michael J. Scotti

Clinical Associate Professor: John Van Der Decker

Assistant Professors: Mary C. Barnell, Michael L. Binion, Gregory Blake, David C. Campbell, Dale A. Carroll, Frank S. Celestino, John D. Cox, Vincent W. DeLaGarza, Edward M. Friedler, David S. Frost, Moses Herrera, Joshua R. Holloway, Jr., Thomas L. Kirtley, Jr., John P. Kugler, Gary N. Matteson, James N. McLamb, Charles R. McLaughlin, William J. Meinert, Thomas J. Morrow, Daniel Perugini, John M. Powers, Thomas J. Puskas, Ricky E. Ricer, David R. Richmond, Thomas Allen Tomlin, Michael F. Walsh, Charles H. Wile, David M. Wodicka

Affiliated Assistant Professors: J. Stephen Bohan, Osvaldo Bustos, D. Vertrees Hollingsworth, Lloyd P. McGinnis, David Schutt

Clinical Assistant Professors: Robert E. Fornal, Edward H. Yob

Adjunct Assistant Professor: C. J. Schumaker, Jr.

Instructors: Thomas M. Anderson, Jr., John H. Black, Ronald H. Buryk, Keith A. Frey, Frank J. Kuczler, Jr., Thomas A. Lohstreter, Thomas E. McGue, Stephen M. Mineart, Robert J. Newman, John C. Rigilano, John W. Saultz, Gregory N. Smith, Wayne G. Stanley

Department of Medical Psychology

Chairman: Jerome E. Singer

Secretary: Joan Ballard

Professors: James E. Barrett, Jerome E. Singer

Adjunct Professors: Arthur J. Bachrach, Bruce Becker, Stephen M. Weiss

Associate Professors: Andrew S. Baum, David S. Krantz

Adjunct Associate Professor: Patricia S. Bryant

Assistant Professors: Sheryle W. Alagna, David F. Cruess, Neil E. Grunberg, Paul Harig, Jr., Patricia Morokoff

Adjunct Assistant Professors: Donald G. Ebner, Francis J. Fishburne, Robert K. Gifford, James M. LaRocco, Robert S. Nichols

Department of Medicine

Chairman: James J. Leonard

Secretary: Carol Elliott

Professors: Peter H. Abbrecht, William P. Baker, John E. Bennett, Leon P. Georges, Randall Holmes, Lawrence Johnson, John F. Maher, John D. Minna, Carl C. Peck, Jay P. Sanford, Leonard Wartofsky, Raymond Weiss

Affiliated Professors: Jerry M. Earll, Sumner Kraft

Visiting Professors: Robert Moser, John W. Vester

Clinical Professors: Richard B. Friedman, Phillip Gorden, John Harter, Mortimer Lipsett, Paul H. Plotz, Jesse Roth, Hyman J. Zimmerman

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Adjunct Associate Professor: Youngil Youm

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Research Instructors: Barbara L. Bass, Gary J. Bowers, Eugene J. Schweitzer, L. Patrick Smith

Interdepartmental Course Coordinators

Advance Cardiac Life Support (ALCS) — Michael L. Cowan

Advance Trauma Life Support (ATLS) — James M. Salander

Clinical Concepts — John F. Maher

Ethical Legal Social Aspects of Medical Care — Edmund G. Howe III

Genetics — Esther Chang-Hartford

Human Context in Health Care — Simon Auster

Introduction to Clinical Medicine I — Joan Harvey

Introduction to Clinical Medicine II — Bruce Lloyd

Section on Emergency and Operational Medicine

Chairman: Michael L. Cowan

Secretary: Donna Noldy

Assistant Professors: Marc G. Cloutier, Michael L. Cown, Michael Dudnick, Robert Margulies, Patricia Sanner

Instructors: Gary Gregory, David M. Maywhort, Steven M. Sutton, Richard Tidd

Section on Medical Education

Acting Chairman: Richard C. Dimond

Secretary: Jean Veazey

Associate Professor: Richard C. Dimond

Assistant Professors: John W. Bullard, James H. Gross

Section of Medical History

Chairman: Robert J. T. Joy

Secretary: Patsy Dubose

Professor: Robert J. T. Joy

Adjunct Associate Professor: Peter D. Olch

Assistant Professor: Dale C. Smith

Lecturers: John B. Blake, Jeanne Brand, James H. Cassedy

Visiting Lecturer: John L. Parascandola

Section on Neurobiology Research Unit

Chairman: Alan. I. Faden

Professor (Neurology): Alan I. Faden

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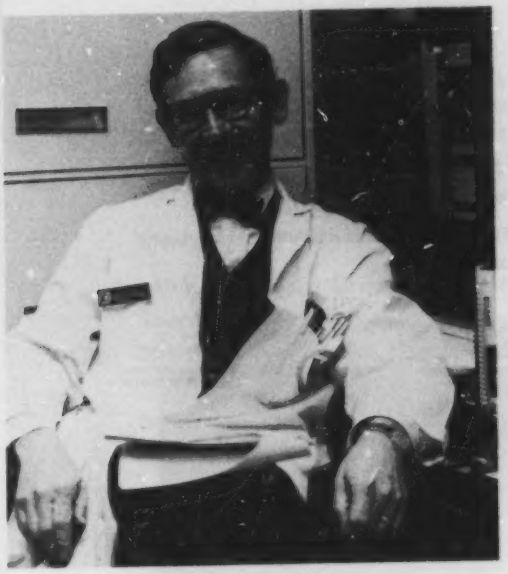

Faculty

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Instructor in Psychiatry

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Assistant Professor of Surgery
Assistant Professor of Military Medicine

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Clagett, G. Patrick, B.A., M.D. (University of Virginia, 1965; 1969)
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Clark, Jeffrey R., B.S., M.D., COL, MC, USA (South Dakota State University, 1967; Creighton University, 1971)
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Clarke, John S., B.Sc., M.D., COL, MC, USA (Ohio State University 1957; Albany Medical College of Union University, 1963)
Clinical Associate Professor of Surgery

Clary, Richard M., B.S., M.D. (Virginia Military Institute, 1970; Medical College of Virginia, 1974)
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Clement, Donald, B.S., M.D., Capt, USAF, MC (U.S. Air Force Academy, 1974; University of Kansas, 1979)
Instructor in Medicine

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Clinical Assistant Professor of Surgery

Clyde, James, B.A., M.D., MAJ, MC, USA (Rutgers University, 1968; New Jersey Medical School, 1975)
Instructor in Medicine

Coats, Michael F., B.S., M.D., CPT, MC, USA (University of Nebraska, 1976; 1978)
Instructor in Psychiatry

Cochran, Robert C., A.B., M.D. (Princeton University, 1955; Boston University, 1960)
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Cockerham, Lorris G., B.A., M.S., Ph.D., LtCol, USAF, MC (Louisiana College, 1957; Colorado State University, 1973; 1979)
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Cohen, Daniel L., B.S., M.D., LtCol, USAF, MC (University of Maryland, 1967; 1971)
Assistant Professor of Pediatrics

Cohen, David J., B.A., M.D., MAJ, MC, USA (Rice University, 1968; Washington University, 1972)
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Cohen, Howard B., B.A., M.D., COL, MC, USA (New York University, 1961; New York Medical College, 1965)
Clinical Assistant Professor of Surgery

Cohen, Ira, B.S., M.D., LTC, MC, USA (City College of New York, 1963; Albert Einstein University, 1967)
Assistant Professor of Surgery

Coleman, Daniel E., A.B., M.D., Capt, USAF, MC (Boston University, 1973; Georgetown University, 1977)
Assistant Professor of Medicine

Coleman, Terrence W., A.B., M.D., Capt, USAF, MC (Harvard University, 1973; Albany University, 1979)
Instructor in Medicine

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Professor of Surgery

Colvin, Donald B., B.S., M.D., LCDR, MC, USNR (University of Florida, 1971; 1975)
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Cook, Bruce A., B.A., Ph.D., M.D., MAJ, MC, USA (Ottawa University, 1972; University of Kansas, 1975; 1978)
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Cox, Brian M., Ph.D. (University of Manchester, England, 1965)
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Cragun, William H., B.S., M.D., MAJ, MC, USA (Brigham Young University, 1972; University of Southern California, 1976)
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Cross, Gregory H., B.S., M.D., CAPT, MC, USN (Ret) (Wayne State University, 1951; 1956)
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Clinical Associate Professor of Pathology

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Assistant Professor of Physiology

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Assistant Professor of Surgery

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Assistant Professor of Family Practice

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Clinical Associate Professor of Surgery

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Associate Professor of Obstetrics and Gynecology

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Clinical Associate Professor of Psychiatry

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Clinical Professor of Military Medicine

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Nutter, Scott W., B.S., D.P.M., Capt, USAF, BSC (University of Maryland, 1976; Illinois College of Podiatric Medicine, 1980)
Instructor in Surgery

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Assistant Professor of Physiology

O'Brien, Alison D., A.B., Ph.D. (University of California at Davis, 1969; Ohio State University, 1976)
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O'Connell, Kevin J., M.E., M.D., CAPT, MC, USN (Stevens Institute of Technology, 1962; New Jersey College of Medicine, 1968)
Professor of Surgery

O'Connor, Dennis, B.S., M.D., MAJ, MC, USA (Virginia Military Institute, 1970; University of Virginia, 1974)
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Ocuin, Esther, M.D., MAJ, MC, USA (Bologna, Italy, 1976)
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Clinical Professor of Radiology and Nuclear Medicine

Olson, David W., A.B., M.D., MAJ, MC, USA (Cornell University, 1971; Ohio State University, 1974)
Instructor in Surgery (Affiliated)

Olson, Thomas A., B.S., M.D., CPT, MC, USA (University of Notre Dame, 1974; Loyola University of Chicago, 1978)
Assistant Professor of Pediatrics

O'Neill, John T., B.S., Ph.D. (University of Maryland, 1972; Johns Hopkins University, 1980)
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Instructor in Surgery (Affiliated)

Ormandy, Laszlo, M.D. (Royal Hungarian Franz Joseph Medical School, 1936)
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Assistant Professor of Medicine

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Assistant Professor of Medicine

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Pangaro, Louis N., A.B., M.D., LTC, MC, USA (Georgetown University, 1969; 1973)
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Peake, James B., B.S., M.D., COL, MC, USA (U.S. Military Academy, 1960; Cornell University, 1972)
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Professor of Pharmacology
Professor of Medicine

Perlin, Elliott, B.S., M.D., CAPT, MC, USN (Ret) (George Washington University, 1957; Jefferson Medical College, 1961)
Clinical Associate Professor of Medicine

Perlstein, Robert S., B.A., M.D., LtCol, USAF, MC (Williams College, 1967; Duke University, 1971)
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Perone, Thomas P., B.S., M.D., LTC, MC, USA (Ohio State University, 1969; 1973)
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Perry, David J., A.B., M.D., MAJ, MC, USA (Princeton University, 1970; University of Pennsylvania, 1974)
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Schoenberg, Daniel R., B.S., Ph.D. (University of Illinois, 1971; University of Wisconsin, 1977)
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Scotti, Michael J., B.S., M.D., COL, MC, USA (Fordham University, 1960; Georgetown University, 1965)
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Sharfstein, Steven S., B.A., M.D., M.P.A. (Dartmouth College, 1964; Albert Einstein College, 1968; Harvard University, 1973)
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Shaw, Jon A., B.A., M.S., M.D., COL, MC, USA (University of Oregon, 1959; 1964; 1964)
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Shawker, Thomas H., B.S., M.D., CDR, USPHS (University of Maryland, 1968; 1969)
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Associate Professor of Pediatrics
Associate Professor of Medicine

Smith, Lee E., B.S., M.D., CAPT, MC, USN (Ret) (University of California, 1959; 1962)
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Thomas, Jerry A., B.S., M.S., CDR, MSC, USN (University of Kansas, 1969; 1970)
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Thomas, Paul J., B.S., M.D., LTC, MC, USA (University of Maryland, 1966; George Washington University, 1970)
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Thomassen, Thom S., B.S., M.D., MAJ, MC, USA (U.S. Military Academy, 1972; Duke University, 1977)
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Tomasovic, Jerry J., B.S., M.D., Col, USAF, MC (University of Chicago, 1962; 1965)
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Assistant Professor of Family Practice

Tompkins, Albert E., B.A., M.D. (University of Pennsylvania, 1957; Howard University, 1961)
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Tompkins, Lee W., B.S., M.B.A., LCDR, MSC, USN (George Washington University, 1976; 1979)
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Travis, Richard T., B.A., M.D., COL, MC, USA (Darthmouth College, 1960; Marquette University 1964)
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Treasure, Robert L., B.A., M.D., COL, MC, USA (University of Colorado, 1954; 1958)
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Uhde, Thomas W., B.S., M.D., LCDR, USPHS (Duke University 1971; University of Louisville, 1975)
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Vafier, James A., B.S., M.D., LT, MC, USNR (Georgetown University, 1972; 1980)
Instructor in Surgery

Vance, Stephen C., A.B., M.D., MAJ, MC, USA (Boston University, 1977; 1977)
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Veach, Stephen R., B.A., M.D., CDR, MC, USN (Southern Illinois University, 1965; University of Illinois, 1970)
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Vengrow, Michael I., M.D., LCDR, MC, USN (University of Massachusetts, 1977)
Instructor in Neurology

Vester, John W., M.D. (University of Cincinnati, 1947)
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Associate Professor of Medicine (Affiliated)

Walsh, Michael F., B.S., M.D., LCDR, MC, USN (Catholic University, 1971; University of Colorado, 1975)
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Walsh, Thomas, B. A., M.D., CAPT, MC, USN (Georgetown University, 1965; 1969)
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Walsh, William F., B.S., M.D., Maj., USAF, MC (U.S. Air Force Academy, 1972; University of Texas at San Antonio, 1976)
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Waugh, David E., B.S., M.D., COL, MC, USA (Ret) (University of Dayton, 1951; Ohio State University, 1955)
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Wergeland, Jr., Floyd L., B.S., M.D., COL, MC, USA (University of Maryland, 1954; Duke University, 1958)
Professor of Surgery (Affiliated)

Wertlake, Paul T., A.B., M.S., M.D. (Columbia Union College, 1955; Loma Linda University, 1958; 1960)
Clinical Professor of Pathology

Wertz, Fleming D., A.B., M.D., LTC, MC, USA (Syracuse University, 1967; Emory University, 1971)
Assistant Professor of Surgery

Wesselius, Cassie L., M.D., LCDR, MC, USNR (University of Arizona, 1976)
Assistant Professor of Psychiatry

West, Gerard M., B.A., M.D., CAPT, MC, USN (Ret) (University of Vermont, 1960; 1964)
Assistant Professor of Psychiatry

West, Sterling G., B.S., M.D., MAJ, MC, USA (U.S. Military Academy, 1972; Emory University, 1976)
Assistant Professor of Medicine (Affiliated)

Western, Karl A., A.B., M.D. (Georgetown University, 1961; 1965)
Adjunct Associate Professor of Preventive Medicine and Biometrics

Wetherley, Graham K., B.A., M.D., LT, MC, USN (Claremont Men's College, 1975; University of California at Los Angeles, 1979)
Instructor in Medicine

Wetzler, Harry P., B.S., M.D., M.S., LtCol, USAF, MC (U.S. Air Force Academy, 1967; University of Utah, 1975; 1975)
Assistant Professor of Preventive Medicine and Biometrics

Wheeler, Ralph A., B.S., M.D., Col, USAF, MC (University of North Dakota, 1965; McGill University, 1967)
Clinical Assistant Professor of Surgery

Wherry, David C., B.A., M.D. (George Washington University, 1948; 1952)
Clinical Associate Professor of Surgery

Whitehorn, William V., A.B., M.D. (University of Michigan, 1936; 1939)
Visiting Professor of Physiology

Whitmore, Paul V., B.S., M.D., COL, MC, USA (University of Michigan, 1962; 1966)
Associate Professor of Surgery

Whittington, Richard, B.A., M.D., LCDR, MC, USNR (Rice University, 1972; Jefferson Medical College, 1976)
Assistant Professor of Radiology and Nuclear Medicine

Wisemann, William P., B.A., M.D., LTC, MC, USA (University of Cincinnati, 1968; Washington University, 1972)
Assistant Professor of Medicine

Wilder, Thomas C., B.A., M.D., Col, USAF, MC (University of Washington, 1962; 1966)
Clinical Assistant Professor of Surgery

Wildt, David E., B.S., M.S., Ph.D. (Illinois State University, 1972; Michigan State University, 1973; 1975)
Adjunct Assistant Professor of Physiology

Wile, Charles H., B.A., M.D., Maj, USAF, MC (Duke University, 1971; George Washington University, 1975)
Assistant Professor of Family Practice

Wilkinson, Earl V., B.S., M.D. (Louisiana State University, 1968; 1972)
Clinical Instructor in Surgery

Williams, Edward D., B.S., M.D. (College of Emporia, 1965; University of Kansas, 1969)
Clinical Assistant Professor of Radiology and Nuclear Medicine

Williams, Marion J., B.A., M.D., Col, USAF, MC (University of Houston, 1949; University of Texas Southwestern Medical School, 1953)
Clinical Professor of Surgery

Williams, Robert W., B.S., Ph.D. (Boise State University, 1977; Washington State University, 1980)
Assistant Professor of Biochemistry

Wills, J. Henry, B.S., M.S., Ph.D. (Virginia Polytechnic Institute, 1934; Medical College of Virginia, 1936; University of Rochester, 1941)
Visiting Professor of Pharmacology

Wilson, Jr., David B., B.S., M.D., CDR, MC, USNR (University of Mississippi, 1966; 1969)
Assistant Professor of Medicine

Wind, Gary G., B.A., M.D. (Rutgers University, 1966; Temple University, 1970)
Associate Professor of Surgery
Assistant Professor of Anatomy

Winkel, Craig A., B.S., M.D., LTC, MC, USA (Georgetown University, 1968; Tulane University, 1972)
Assistant Professor of Obstetrics and Gynecology

Winn, Richard E., B.S., M.D., Maj, USAF, MC (U.S. Air Force Academy, 1972; University of Arizona, 1975)
Assistant Professor of Medicine

Winter, Phillip E., B.A., M.D., COL, MC, USA (Carroll College, 1956; Washington University, 1960; University of California, 1964)
Adjunct Associate Professor of Preventive Medicine and Biometrics

Winters, Charles, B.S., M.D., LCDR, MC, USN (Memphis State University, 1974; University of Tennessee, 1978)
Assistant Professor of Medicine

Wistar, Jr., Richard, B.A., M.D., Ph.D., LTC, MC, USAR (Ret) (Pomona College, 1956; University of California, 1961; University of Melbourne, 1970)
Associate Professor of Medicine

Wodicka, David M., B.S., M.D., MAJ, MC, USA (Rose-Hulman Institute of Technology 1973; Indiana University, 1977)
Assistant Professor of Family Practice

Wolcott, Barry, A.B., M.D., COL, MC, USA (Middlebury College, 1966; Johns Hopkins University, 1970)
Associate Professor of Medicine (Affiliated)

Wolfe, James W., B.A., Ph.D. (University of California, 1963; University of Rochester, 1966)
Adjunct Assistant Professor of Preventive Medicine and Biometrics

Wolfe, Martin S., B.A., M.D. (Cornell University, 1957; 1961)
Adjunct Professor of Preventive Medicine and Biometrics

Wolfman, Mark G., M.D. (Case Western Reserve University, 1971)
Clinical Assistant Professor of Radiology and Nuclear Medicine

Wong, Roy K., B.A., M.D., LTC, MC, USA (University of Hawaii, 1967; Mt. Sinai School of Medicine, 1971)
Assistant Professor of Medicine

Wood, John D., B.A., B.S., M.D., Maj, USAF, MC (Luther College, 1971; University of Iowa, 1973; College of Osteopathic Medicine and Surgery, Des Moines, 1976)
Clinical Instructor in Military Medicine

Wood, William C., B.A., M.D., Maj, USAF, MC (University of Mississippi, 1966; University of Tennessee, 1969)
Adjunct Instructor in Preventive Medicine and Biometrics

Woody, James N., B.A., M.D., Ph.D., CAPT, MC, USN (Andrews University, 1964; Loma Linda University, 1968; University of London, 1977)
Adjunct Associate Professor of Pediatrics

Worsham, George F., B.S., M.D., LCDR, MC, USNR (Clemson University, 1970; Medical University of South Carolina, 1974)
Associate Professor of Pathology

Wray, H. Linton, B.S., M.D., COL, MC, USA (Davidson College, 1962; University of Pennsylvania, 1966)
Associate Professor of Medicine

Wright, Creighton B., B.A., M.D. (Duke University, 1961; 1965)
Clinical Professor of Surgery

Wright, Daniel, B.A., M.D., LTC, MC, USA (Yale University, 1967; 1971)
Associate Professor of Medicine

Wright, Dennis I., B.S., M.D., CDR, MC, USN (University of Mississippi, 1964; 1968)
Assistant Professor of Pediatrics

Wu, Henry C. P., M.D., Ph.D. (National Taiwan University, 1960; Harvard University, 1966)
Professor of Microbiology

Wyatt, Richard J., B.A., M.D. (Johns Hopkins University, 1961; 1964)
Clinical Professor of Psychiatry

Wytock, Dale W., M.D., Capt, USAF, MC (Creighton University, 1977)
Assistant Professor of Medicine

Yaffe, Lyn J., A.B., M.D., CDR, MC, USNR (Johns Hopkins University, 1968; University of Maryland, 1972)
Clinical Assistant Professor of Pathology

Yager, Paul, B.A., Ph.D. (Princeton University, 1975; University of Oregon, 1980)
Adjunct Assistant Professor of Biochemistry

Yang, Shen K., B.S., M.A., M.Phil., Ph.D. (National Taiwan University, 1964; Wesleyan University, 1969; Yale University, 1970; 1972)
Professor of Pharmacology

Yassin, John G., A.B., M.D., (Dartmouth College, 1956; Tufts University, 1960)
Clinical Associate Professor of Surgery

Yelland, Graham, B.A., M.D., LTC, MC, USA (Harvard University, 1959; University of Vermont, 1963)
Assistant Professor of Surgery

Yerby, Alonzo S., B.S., M.D., M.P.H., D.Sc. (University of Chicago, 1941; Meharry Medical College, 1946; Harvard University, 1948; Meharry Medical College, 1977)
Professor of Preventive Medicine and Biometrics

Yingling, Kae S., B.S., M.D. (University of Maryland, 1969; George Washington University, 1973)
Clinical Assistant professor of Radiology and Nuclear Medicine

Yob, Edward H., B.S., D.O., Capt, USAF, MC (Mansfield State College, 1970; Philadelphia College of Osteopathic Medicine, 1975)
Clinical Assistant Professor of Family Practice

Youkey, Jerry R., B.A., M.D., LTC, MC, USA (Stanford University, 1970; Marquette University, 1974)
Assistant Professor of Surgery

Youm, Youngil, B.S., M.S., M.S., Ph.D. (Utah State University, 1968; University of Wisconsin, 1970; 1973; 1975)
Adjunct Associate Professor of Surgery

Young, Patricia M., B.S., M.S., Ph.D., CPT, MSC, USA (North Carolina State University, 1973; 1977; Boston University, 1981)
Adjunct Instructor in Biochemistry

Zajtchuk, Joan E., B.S., M.D., COL, MC, USA (University of Chicago, 1960; 1966)
Professor of Surgery

Zajtchuk, Rostik, B.S., M.D., COL, MC, USA (University of Chicago, 1960; 1963)
Professor of Surgery

Zavadil III, Anthony P., B.A., M.D., LTC, MC, USA (Cornell University, 1965; 1969)
Assistant Professor of Medicine
Associate Professor of Pharmacology

Zawadsky, Peter M., A.B., M.D., LTC, MC, USA (Rutgers College, 1964; Harvard University, 1968)
Clinical Assistant Professor of Pediatrics

Zeligs, Joseph D., B.A., M.D., Ph.D., LTC, MC, USA (Cornell University, 1966; New York University, 1972; 1972)
Assistant Professor of Medicine

Zeman, Gary H., B.S., M.S., Sc.D., CDR, MSC, USN (St. Mary's College, 1967; University of Minnesota, 1969; Johns Hopkins University, 1976)
Research Assistant Professor of Radiology and Nuclear Medicine

Zimble, James A., B.S., M.D., RADM, MC, USN (Franklin and Marshall College, 1955; University of Pennsylvania, 1959)
Senior Lecturer in Military Medicine

Zimmerman, Hyman J., A.B., M.A., M.D. (University of Rochester, 1936; Stanford University, 1938, 1942)
Clinical Professor of Medicine

Zimmerman, Lorenz E., A.B., M.D. (George Washington University, 1943; 1945)
Clinical Professor of Pathology

Zoltick, Jerel M., B.A., M.D., MAJ, MC, USA (Princeton University, 1972; Columbia University, 1976)
Assistant Professor of Medicine

Teaching Fellows

Christopher D. Adams, Medicine
Jonathan R. Amy, Neurology
Naomi Aronson, Medicine
Dennis L. Azuma, Medicine
David M. Bartoszek, Neurology
Melvin A. Bayne, Medicine
James R. Bellor, Jr., Medicine
Wendy Bernstein, Medicine
Michael A. Berry, Medicine
Randy K. Bottner, Medicine
Jordan M. Bromberg, Medicine
John F. Brundage, Preventive Medicine
George E. Bryan, Neurology
John J. Bussa, Surgery
Michael D. Canty, Medicine
John Chambers, Medicine
Christanand A. Chellappa, Pediatrics
James L. Cheshier, Pediatrics
John J. Chia, Medicine
Georgbe G. Childs, Medicine
Jonathan B. Clark, Surgery
Jane A. Deeter, Neurology
Gregory Dennis, Medicine
Robert S. Dicks, Medicine
Robert A. Dietrich, Medicine
Danny Douglas, Medicine
Thomas P. Dove, Medicine
Jeffrey Dunkelberg, Medicine
Michael J. Duran, Medicine
Arn H. Eliasson, Medicine
Mark E. Ellis, Medicine
John L. Farr, Medicine
Kevin Ferguson, Medicine
Hamilton R. Fish, Medicine
Gregory A. Franklin, Pediatrics
Robert W. Frenck, Jr., Pediatrics
Peter E. Gergely, Pediatrics
Wayne H. Gordon, Neurology
Alan W. Halliday, Neurology
Rae R. Hanson, Neurology
James V. Hennessey, Medicine
Robert L. Herman, Medicine
Kent C. Holtzmuller, Medicine
Douglas R. Hough, Medicine
Robert A. Johnson, Medicine
Patrick H. Judson, Medicine
Pamela A. Kaires, Neurology
Kastytis Karvelis, Medicine
Robert R. Kendrick, Surgery
John W. King, Jr., Medicine
Peter Klara, Surgery
Alan T. Kono, Medicine
Mark J. Kransdorf, Radiology
Jonathan P. Kushner, Medicine
Peter Kuzmick, Medicine
William B. Laskin, Pathology
Paul J. LaVeau, Medicine
Kenneth Lee, Medicine
John C. Lewis, Medicine
Jerry W. Lockard, Medicine
Joseph O. Lopreiato, Pediatrics
Rolbert G. McAlpine, Jr., Surgery
John W. McBurney, Neurology
Marion R. McMillian, Medicine
John G. McNeil, Preventive Medicine
Gregory P. Melcher, Medicine
Radu Mihail, Surgery
Michael S. Miller, Medicine
Walter B. Morely, Medicine
James P. Morrison, Medicine
Vicki A. Morrison, Medicine
John H. Nading, Pediatrics
German A. Oliver, Medicine
Kenneth Ortega, Surgery
Biff F. Palmer, Medicine
Lawrence J. Parsley, Jr., OB/GYN
Dale W. Pesolyar, Neurology
Miguela Pelegrina, Surgery
Bernard J. Powers, Medicine
Richard L. Pullen, Medicine
William K. Rawlinson, Medicine
Harrell Reed, Medicine
William Reed, Medicine
Frank Rhode, Medicine
Joanne Rhoads, Medicine
Matthew J. Riffle, Medicine
Adam M. Robinson, Surgery
Kevin M. Rogan, Medicine
Mike A. Royal, Medicine
Melvin D. Russell, Medicine
Mark S. Ryan, Medicine
Jonathan Safren, Medicine
Andrew Sanders, Medicine
Eric C. Schenk, Neurology
Martin Schmidt, Medicine
Ronald P. Sen, Medicine
William L. Shankel, Surgery
Ferril C. Smith, Medicine
Ronald L. Sollock, Medicine
Lawrence M. Spetka, Surgery

James R. Storey, Jr., Neurology
Patrick J. Strollo, Medicine
William B. Swann, Jr., Medicine
John F. Swartz, Medicine
Leo J. Troy, Surgery
Zorian Trusewych, Medicine
Michael Van Ness, Medicine
William Vorder Bruegge, Medicine
Lawrence T. Weston, Medicine
Barbara K. Whalen, OB/GYN
Lawrence White, Surgery
Howard A. Wiener, Preventive Medicine
Joe E. Wilson, OB/GYN
Edward L. Woods, Surgery
Darrell J. Youngman, Medicine
Robert A. Zajac, Medicine
Gary Zaloga, Medicine
Daryl N. Zeigler, Neurology

Senior Research Associates:

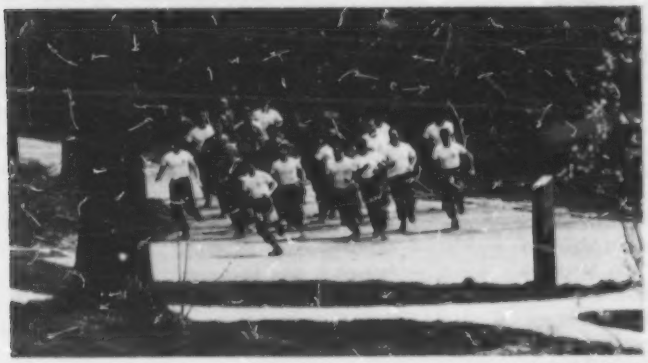
Christel Augl, Biochemistry
Mark Frana, Pathology
Thomas Jacobs, Neurology
Yoshiyuki Kamio, Microbiology
Yuan-Hsu Kang, Pathology
Jack Love, Pathology
Lalji Mishra, Microbiology
Antonio B. Pereira, Anatomy
Elizabeth A. Peterson, Microbiology
Betty P. Poole, Anatomy
Lesley M. Russell, Microbiology
Masao Tokunaga, Microbiology
Monroe M. Vincent, Pediatrics

Research Associates:

Ramona G. Almirez, Pharmacology
Louise Chatlynne, Biochemistry
Elizabeth Cheriathundam, Biochemistry
Pei-Lu Chiu, Physiology
Jacqueline S. Coberly, Preventive Medicine
Helen Coon, Pathology
Susan F. Greenhut, Biochemistry
Shigeru Hayashi, Microbiology
Karen S. Hoffman, Pediatrics
Ina Ifrim, Microbiology
Lawrence C. Khoo, Biochemistry
David Krause, Pathology
Jean Louis H. Laporte, Medicine
Sharon A. Leisy, Pathology
Lillian R. Marques, Microbiology
Leslie Montgomery, Preventive Medicine
Patricia Morgan, Pathology
Charles Poore, Pathology
Dianne A. Proia, Pediatrics
Daniel D. Riordan, Radiology
Dvorit Samid, Pathology
Jennifer Stanley, Psychiatry
Tzuu-Huei Uong, Pharmacology
Robert B. Wellner, Microbiology
Deborah West, Pathology
Susan B. Wigutoff, Physiology

Postdoctoral Fellows

Tausif Alam, Microbiology
Barbara Belisle, Microbiology
John F. Boyle, Pathology
Susan Carroll, Physiology



The pre-airborne training helps the students compete for the parachute badge obtained after making five jumps.

Clivel G. Charlton, Pharmacology
Robert J. Cowie, Anatomy
Patricia Deduster, Anesthesiology
Carl W. Dieffenbacn, Pathology
Karen L. Elkins, Microbiology
Marion J. Fultz, Microbiology
Frederick W. George IV, Pathology
Prahlad C. Ghosh, Microbiology
Michael A. Kapin, Physiology
Paul R. Kinchington, Biochemistry
Leena M. Koulu, Dermatology
Pater Lapis, Pathology
Elisabeth Lee-Lawlor, Pathology
Robert Mattaliano, Biochemistry
Denise L. Mazorow, Biochemistry
Christopher J. Molineaux, Pharmacology
John W. Newland, Microbiology
Carol L. Pickett, Microbiology
Muriel S. Prouty, Biochemistry
Ann T. Riegel, Pharmacology
Francis Schanne, Pharmacology
Sharon A. Segal, Physiology
Ann C. Smith, Pharmacology
nancy A. Strockbine, Microbilology
Mary K. Warren, Microbiology
Linda L. Werling, Pharmacology
Andrew Williamson, Pharmacology

Administration

President of the University
Jay P. Sanford, M.D.
Secretary: Anne Howe

Vice-President of the University
William M. Narva, M.D., RADM, MC, USN
Secretary: Pat West

Dean of the School of Medicine
Jay P. Sanford, M.D.
Secretary: Anne Howe

Associate Dean
Leonard W. Johnson, Jr., B.S., M.D., M.P.H., Col. USAF, MC
Secretary: Elsie Cabanas

Associate Deans Clinical and Academic Affairs
Walter Reed Army Medical Center
Daniel B. Kimball, B.A., M.D., COL, MC, USA

Naval Hospital, Bethesda
L. Carey Hodges, B.A., M.D., CAPT, MC, USN

Malcolm Grow Air Force Medical Center
George H. Fettus III, A.B., M.D., Col, USAF, MC

Associate Dean for Operations
Kenneth E. Kinnamon, B.S., M.S., D.V.M., Ph.D.
Secretary: Shan Johnson

Assistant Dean for Graduate and Continuing Education
John W. Bullard, B.Ed., M.A., Ph.D., COL, MSC, USA(Ret)
Secretary: Nancy Boarman

Assistant Dean for Student Affairs
Richard M. MacDonald, B.S., M.D., COL, MC, USA
Secretary: E. Joanne Hayton

Assistant Dean for Clinical Sciences
Richard C. Dimond, A.B., M.D., COL, MC, USA
Secretary: Dominque Nau

Office of the President
Assistant to the President for Congressional and Public Affairs
Donald L. Hagengruber, B.A., M.A., J.D., LL.M.
Assistant to the President For Internal Control
Frank Malickson, B.S., C.P.A.
General Counsel
Merel P. Glaubiger, B.A., J.D.
Specialist Assistant
Vera T. Bumbak

Office of the Associate Dean
Commandant of Students
Craig H. Llewellyn, B.A., M.D., M.P.H., M.S., COL, MC, USA

Deputy Commandant of Students
Theodore C. Reineck, Jr., B.S., M.H.A., M.B.A., M.A., LTC, MSC, USA
Director, Military Personnel
Ronald G. Wallace, B.A., M.A., LtCol, USAF

Office of the Associate Dean for Operations
Director, Building Services and Materiel Acquisition
Henry B. Cranford
Director, Civilian Personnel
Edward H. Hawkins, B.A.
Director, Computer Operations
Anne Hutman, B.S.
Director, Financial Management
Patrick R. Byrne, B.S.
Director, Grants Management
Bryce C. Redington, B.S., M.S., Ph.D., LTC, MSC, USA
Director, Instructional and Research Support
Richard C. Simmonds, D.V.M., M.S., Col, USAF, BSC
Director, Learning Resource Center
Chester J. Pietzke, B.A., A.M.L.S.

Office of the Director, Building Services and Material Acquisition
Administrative Services
James E. Plummer
Facilities and Maintenance
Harold Peterson
Logistics
Joseph E. Brown
Purchasing
Paul H. Griffith, B.S.
Support Services
Clyde S. Hamlin

Office of the Director, Instructional and Research Support
Director, Audio Visual Center
Jeffrey R. Swope
Director, Environmental Health and Occupational Safety
Richard Riccardi, B.S., M.A., C.I.H., LtCol, USAF, MSC
Director, Laboratory Animal Medicine
James E. Hall, D.V.M., M.S., MAJ, VC, USA
Coordinator, Multidiscipline Laboratories
Robert L. Austin, B.S.

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Deputy Assistant Dean for Student Affairs
Paul T. Harig, B.A., Ph.D., MAJ, MSC, USA
Director of Admissions
Peter J. Stavish, B.A., M.B.A., LTC, MSC, USA(Ret)
Assistant Director of Admissions
Joan F. Crotty, B.S., M.S.W.
Registrar
Peter J. Stavish, B.A., M.B.A., LTC, MSC, USA(Ret)

VII.

Student Body

Class of 1984

2LT Anne M. Amaroso, USAR
Nazareth College, 1977

ENS Deryk L. Anderson, USNR
Utah State University, 1977

2LT Lawrence L. Anderson, USAR
Washington State University, 1979

2LT Michael A. Armstrong, USAR
Johns Hopkins University, 1979

2LT Carolyn L. Avery, USAR
University of New Hampshire, 1980

ENS Steven L. Bailey, USNR
Linfield College, 1980

2ndLt Charles W. Beadling, USAFR
U.S. Air Force Academy, 1975

ENS David J. Beardsley, USNR
Williams College, 1980

2LT Stephen C. Born, USAR
Reed College, 1976

2LT Henry B. Burch, USAR
University of California, Los Angeles, 1980

2LT Peter A. Cardinal, USAR
U.S. Military Academy, 1980

ENS Karen C. Carlson, USPHS(R)
University of Utah, 1970

ENS Anne L. Carrington, USNR
University of California, Santa Barbara, 1980

ENS Victoria A. Cassano, USNR
Manhattanville College, 1974

2LT Lester C. Caudle, USAR
Mars Hill College, 1979

2ndLt Timothy Y. Chou, USAFR
Princeton University, 1980

2LT Joseph L. Christenson, USAR
Johns Hopkins University, 1980

ENS Mark F. Clapper, USNR
U.S. Naval Academy, 1973

2ndLt Melissa H. Coker, USAFR
California State University, 1974

2ndLt Mari L. Cole, USAFR
University of Puget Sound, 1980

2ndLt Scott C. Cole, USAFR
University of Richmond, 1979

ENS John J. Collins, USNR
Duke University, 1977

ENS Kelly R. Conaty, USNR
University of Massachusetts, Amherst, 1980

2ndLt Timothy W. Cooper, USAFR
U.S. Air Force Academy, 1973

2ndLt Timothy S. Corcoran, USAFR
University of Florida, 1980

2LT Paul R. Cordts, USAR
Johns Hopkins University, 1980

2LT Dermot M. Cotter, USAR
University of San Francisco, 1980

ENS Sevasti J. Dames, USPHS(R)
University of California, Irvine, 1978

2ndLt Brad L. Dansky, USAFR
University of Connecticut, 1980

ENS Martin K. Deafenbaugh, USNR
U.S. Naval Academy, 1973

ENS Richard F. Debo, USNR
Niagara University, 1979

2LT Monte S. Dirks, USAR
South Dakota School of Mines, 1974

*Class president

ENS Sally L. Dixon, USNR
Western Maryland College, 1975

2ndLt Aram M. Donigian, USAFR
University of New Hampshire, 1979

ENS Russell E. Eberesole, USNR
Wheaton College, 1974

2ndLt John A. Engelmann, Jr., USAFR
Clarkson College of Technology, 1978

ENS Clinton F. Faison, USNR
Wake Forest University, 1980

2LT Charles A. Farrington, USAR
University of Southern Florida, 1976

2LT Stuart R. Farris, USAR
Baylor University, 1980

2LT Kelly J. Faucette, USAR
Brigham Young University, 1980

ENS Robert J. Fischer, USNR
Stevens Institute of Technology, 1980

2LT John P. Foley, USAR
University of Notre Dame, 1980

ENS Arthur J. French, USPHS(R)
U.S. Coast Guard Academy, 1973

2LT Carol A. Fujiyoshi, USAR
University of Oregon, 1979

2LT Russell C. Gilbert, USAR
University of California, Irvine, 1979

2ndLt John F. Gillis, USAFR
University of Delaware, 1979

2LT Jeffrey R. Ginther, USAR
U.S. Military Academy, 1974

2ndLt David A. Goodwin, USAFR
Duke University, 1980

2ndLt Vincent M. Gore, USAFR
University of Portland, 1980

2LT Thomas S. Gormley, USAR
Colorado College, 1978

2ndLt Sharon G. Harris, USAFR
University of Missouri, 1980

2ndLt Laura H. Heid, USAFR
Smith College, 1975

2LT Eric R. Helander, USAR
University of California, Los Angeles, 1978

ENS Michael L. Holmes, USNR
University of California, Riverside, 1979

ENS Michael R. Holtel, USNR
University of California, Santa Barbara, 1980

2LT Michael C. Hotard, USAR
St. Mary's University, 1979

2LT Thomas M. Howard, USAR
U.S. Military Academy, 1975

2LT Jeffrey M. Hrutkay, USAR
U.S. Military Academy, 1979

2LT William A. Hughes, USAR
University of Washington, 1980

2ndLt Robert Johnson, USAFR
The Colorado College, 1978

ENS Nathan H. Jorgensen, USNR
University of Utah, 1979

2LT Jeffrey P. Kavolius, USAR
University of Vermont, 1980

2LT Thomas E. Knuth, USAR
Bucknell University, 1980

2ndLt Katherine Komendowski, USAFR
Marymount Manhattan College, 1980

2ndLt Thomas M. Koroscil, USAFR
University of Connecticut, 1975

ENS Sandra L. Kweder, USPHS(R)
University of Connecticut, 1979

2ndLt Stephen F. Lovich, USAFR
Syracuse University, 1980

ENS Diane C. Lundy, USNR*
Johns Hopkins University, 1976

2ndLt Deborah S. Lyon, USAFR
Birmingham-Southern College, 1980

2LT James R. Malcom, USAR
U.S. Military Academy, 1977

2ndLt Eron G. Manusov, USAFR
University of California, Riverside, 1980

ENS James M. Maxwell, USNR
University of California, Irvine, 1979

ENS John A. McQueston, USNR
University of Virginia, 1980

2ndLt Debra L. Moorman, USAFR
University of California, Irvine, 1980

2LT Ann Marie Morgan-Henderson, USAR
Longwood College, 1978

2LT James C. Mullin, USAR
Phila. College of Pharmacy & Science, 1980

2ndLt Kent R. Murphy, USAFR
U.S. Air Force Academy, 1980

2ndLt Peter C. Muskat, USAFR
Amherst College 1979

ENS Mary C. Nace, USNR
Hood College, 1980

2ndLt James S. Neville, USAF
Brigham Young University, 1980

2LT James W. Norbury, USAR
Washington State University, 1977

2LT Gale S. Northcross, USAR
Eastern Michigan University, 1973

ENS Sharon K. Nugent, USNR
University of Southern California, 1978

ENS John C. Osgood, USNR
Oregon State University, 1980

2LT Alan D. Pearson, USAR
Jacksonville State University, 1974

2ndLt Jeffrey J. Pelton, USAFR
University of California, Los Angeles, 1980

2LT Kenneth G. Phillips, USAR
University of Texas, Austin, 1977

ENS Mark T. Pickett, USNR
University of Puget Sound, 1980

2ndLt Bradley R. Plaga, USAFR
Universitry of Utah, 1980

ENS Mary A. Powers, USPHS(R)
University of California, Davis, 1980

ENS Laura A. Prager, USNR
University of California, San Diego, 1978

ENS Roger D. Prock, USPHS(R)
Southwestern Oklahoma State University, 1977

ENS Dominick A. Rascona, USNR
U.S. Naval Academy, 1980

2ndLt Michael W. Restey, USAFR
U.S. Air Force Academy, 1974

ENS Timothy S. Roush, USNR
University of Cincinnati, 1980

2LT Miguel J. Rovira, USAR
St. Louis University, 1979

ENS Deborah A. Russo, USNR
Southampton College of LIU, 1980

2LT Michael R. Schaub, USAR
U.S. Military Academy, 1980

2ndLt Margaret A. Schlatter, USAFR
Stanford University, 1980

ENS Frank V. Schraml, USNR
U.S. Naval Academy, 1978

ENS Richard G. Sedlak, USNR
University of California, San Diego, 1978

2ndLt Mark Seibel, USAFR
U.S. Air Force Academy, 1980

ENS Jennifer R. Sheradan, USNR
University of Tennessee, 1980

2ndLt Kimberly A. Slawinski, USAFR
University of South Florida, 1980

2LT George R. Smith, USAR
U.S. Military Academy, 1980

2ndLt Ken M. Tashiro, USAFR
Johns Hopkins University, 1975

2ndLt Thomas F. Taylor, USAFR
Fairleigh Dickinson University, 1972

2LT Allen B. Thach, USAR
Stanford University, 1980

ENS Franklin T. Thom, USNR
University of Colorado, 1978

2ndLt David J. Tipton, USAFR
Brigham Young University, 1979

ENS Paul V. Tomasic, USNR
University of California, Los Angeles, 1980

2ndLt Terry L. Tomlinson, USAFR
Arizona State University, 1980

2LT Marc P. Tsufis, USAR
Oral Roberts University, 1979

2ndLt Gary M. Walker, USAFR
Marion College, 1976

ENS James H. Walker, USNR
University of Utah, 1971

2LT Douglas C. Wallace, USAR
University of California, Davis, 1979

2LT Terry J. Walters, USAR
U.S. Military Academy, 1980

2ndLt Douglas C. Warren, USAFR
St. Mary's College of California, 1980

2LT William J. Waterhouse, USAR
University of Utah, 1980

2LT Richard A. Weiner, USAR
University of California, Riverside, 1978

2LT Karl N. Zeff, USAR
University of California, Los Angeles, 1980

Class of 1984
Graduate Medical Education (GME-1)

2LT Anne M. Amoroso, USAR
Surgery
Walter Reed AMC, Washington, DC

ENS Deryk L. Anderson, USNR
Family Practice
NRMC, Jacksonville, Florida

2LT Lawrence L. Anderson, USAR
Anesthesiology
Letterman AMC, California

2LT Michael A. Armstrong, USAR
Transitional
Fitzsimons AMC, Colorado

2LT Carolyn L. Avery, USAR
Pediatrics
Madigan AMC, Washington

ENS Steven L. Bailey, USNR
Medicine
NRMC, Portsmouth, Virginia

2ndLt Charles W. Beadling, USAFR
Family Practice
David Grant USAFMC, California

ENS David J. Beardsley, USNR
Transitional
NH, Bethesda, Maryland

2LT Stephen C. Born, USAR
Medicine
William Beaumont AMC, Texas

2LT Henry B. Burch, USAR
Medicine
Letterman AMC, California

2LT Peter A. Cardinal, USAR
Family Practice
Eisenhower AMC, Georgia

ENS Karen C. Carlson, USPHS(R)
Transitional
NRMC, Portsmouth, Virginia

ENS Anne L. Carrington, USNR
Transitional
NH, Bethesda, Maryland

ENS Victoria A. Cassano, USNR
Surgery
NRMC, Portsmouth, Virginia

2LT Lester C. Caudle, USAR
Family Practice
Eisenhower AMC, Georgia

2ndLt Timothy Y. Chou, USAFR
Transitional
Malcolm Grow USAFMC, Maryland

2LT Joseph L. Christenson, USAR
Psychiatry
Walter Reed AMC, Washington, DC

ENS Mark F. Clapper, USNR
Medicine
NH, Bethesda, Maryland

2ndLt Melissa H. Coker, USAFR
Obstetrics/Gynecology
Wilford Hall USAFMC, Texas

2ndLt Mari L. Cole, USAFR
Psychiatry
Wright-Patterson USAFMC, Ohio

2ndLt Scott C. Cole, USAFR
Pediatrics
Wright-Patterson USAFMC, Ohio

ENS John J. Collins, USNR
Surgery
NH, Bethesda, Maryland

ENS Kelly R. Conaty, USNR
Medicine
NRMC, Oakland, California

2ndLt Timothy W. Cooper, USAFR
Medicine
Kessler USAFMC, Mississippi

2ndLt Timothy S. Corcoran, USAFR
Family Practice
Malcolm Grow USAFMC, Maryland

2LT Paul R. Cordts, USAR
Surgery
William Beaumont AMC, Texas

2LT Dermot M. Cotter, USAR
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William Beaumont AMC, Texas

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Obstetrics/Gynecology
Madigan AMC, Washington

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Psychiatry
Wright-Patterson USAFMC, Ohio

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Surgery
NRMC, Portsmouth, Virginia

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Family Practice
DeWitt AMC, Virginia

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Transitional
Brooke AMC, Texas

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Family Practice
NRMC, Jacksonville, Florida

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Family Practice
Eglin USAFMC, Florida

ENS Russell E. Ebersole, USNR
Pediatrics
NRMC, Portsmouth, Virginia

2ndLt John A. Engelmann, Jr., USAFR
Transitional
Malcolm Grow USAFMC, Maryland

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Pediatrics
NRMC, San Diego, California

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William Beaumont AMC, Texas

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William Beaumont AMC, Texas

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Pediatrics
Fitzsimons AMC, Colorado

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Obstetrics/Gynecology
NRMC, Portsmouth, Virginia

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Tripler AMC, Hawaii

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NRMC, San Diego, California

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Tripler AMC, Hawaii

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NRMC, San Diego, California

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Transitional
Malcolm Grow USAFMC, Maryland

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Medicine
Kessler USAFMC, Mississippi

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Obstetrics/Gynecology
Keesler USAFMC, Mississippi

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Psychiatry
NH, Bethesda, Maryland

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Brooke AMC, Texas

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DeWitt AMC, Virginia

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Anesthesiology
Letterman AMC, California

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Transitional
Malcolm Grow USAFMC, Maryland

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Transitional
NRMC, San Diego, California

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Walter Reed AMC, Washington, DC

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Surgery
Fitzsimons AMC, Colorado

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Pediatrics
Keesler USAFMC, Mississippi

2ndLt Thomas M. Koroscil, USAFR
Medicine
Keesler USAFMC, Mississippi

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Medicine
NH, Bethesda, Maryland

2ndLt Stephen F. Lovich, USAFR
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David Grant USAFMC, California

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Family Practice
NRMC, Camp Pendleton, California

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Obstetrics/Gynecology
Keesler USAFMC, Mississippi

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David Grant USAFMC, California

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Surgery
NRMC, San Diego, California

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Pediatrics
NH, Bethesda, Maryland

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Madigan AMC, Washington

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Surgery
David Grant USAFMC, California

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Obstetrics/Gynecology
Madigan AMC, Washington

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Transitional
Eisenhower AMC, Georgia

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Madigan AMC, Washington

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Medicine
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Surgery
NRMC, Oakland, California

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Family Practice
Madigan AMC, Washington

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Wilford Hall USAFMC, Texas

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Brooke AMC, Texas

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Transitional
NRMC, San Diego, California

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Keesler USAFMC, Mississippi

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Keesler USAFMC, Mississippi

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NRMC, Oakland, California

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Wright-Patterson USAFMC, Ohio

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William Beaumont AMC, Texas

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Neurology
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Transitional
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Obstetrics/Gynecology
Tripler AMC, Hawaii

2ndLt Mark Seibel, USAFR
Transitional
Scott USAFMC, Illinois

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Transitional
NRMC, Portsmouth, Virginia

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Surgery
David Grant USAFMC, California

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Anesthesiology
Letterman AMC, California

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Family Practice
Carswell USAFMC, Texas

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Wilford Hall USAFMC, Texas

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Family Practice
NRMC, Charleston, South Carolina

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Medicine
NRMC, San Diego, California

2ndLt Terry L. Tomlinson, USAFR
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Wilford Hall USAFMC, Texas

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Surgery
Tripler AMC, Hawaii

2ndLt Gary M. Walker, USAFR
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Keesler USAFMC, Mississippi

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Family Practice
NRMC, Camp Pendleton, California

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David Grant USAFMC, California

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NRMC, San Diego, California

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Tripler AMC, Hawaii

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Utah State University, 1981

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University of Massachusetts, Amherst, 1980

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San Jose State University, 1981

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St. Mary's University, 1981

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U.S. Air Force Academy, 1980

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University of Minnesota, 1981

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University of Rhode Island, 1974

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Purdue University, 1979

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Pennsylvania State University, 1976

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Chapman College, 1981

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Towson State University, 1980

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Syracuse University, 1977

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U.S. Merchant Marine Academy, 1978

ENS Hans A. Brings, USNR
University of California, San Diego, 1981

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U.S. Military Academy, 1981

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University of Michigan, Dearborn, 1980

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University of Miami, 1981

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University of Massachusetts, Amherst, 1981

2LT John W. Byron, USAR
Boston College, 1981

ENS Anthony J. Camerota, USNR
Fordham University, 1981

2LT Margaret E. Carlton, USAR
Colby College, 1981

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University of Washington, 1981

ENS Victor J. Catullo, USNR
University of Pittsburg, 1977

2ndLt Matthew A. Coatsworth, USAFR
U.S. Air Force Academy, 1977

2LT Donald L. Cochran, USAR
University of Pennsylvania, 1978

2LT Stephen C. Cotton, USAR
University of California, Davis 1980

ENS Philip E. Coyne, USNR
University of Notre Dame, 1976

ENS Dean S. Cunningham, USNR
University of California, Riverside, 1976

2LT Alex K. Curtis, USAR
University of California, Davis, 1981

ENS Robert G. Darling, USNR
Adelphi University, 1981

2LT Marta S. Davidson, USAR
University of California, Davis, 1979

ENS Ellen C. DeNigris, USNR
Malloy College, 1978

2LT John S. Dick, USAR
Harvard College, 1978

ENS Joseph G. Doyle, USNR
U.S. Naval Academy, 1980

2ndLt Timothy J. Drehmer, USAFR
Salisbury State College, 1980

2ndLt Daniel M. Duffy, USAFR
Baylor University, 1981

2LT Celia H. Elbrecht, USAR
Bryn Mawr College, 1978

2LT Jeffrey A. Elting, USAR
U.S. Military Academy, 1977

ENS Maura A. Emerson, USNR
University of Maine, 1974

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*Class president

2LT Ralph L. Erickson, USAR
University of Washington, 1981

2ndLt Diego M. Freitas, USAFR
U.S. Air Force Academy, 1981

2ndLt Bryan J. Funke, USAFR
U.S. Air Force Academy, 1981

ENS Frederick C. Gass, USNR
Seattle University, 1980

2ndLt Thomas F. George, USAFR
Whitman College, 1979

2LT Martin B. Giandoni, USAR
U.S. Military Academy, 1974

ENS Robert B. Gillis, USNR
University of Oregon, 1979

2ndLt Ben A. Gomez, USAFR
Auburn University, 1981

2LT Richard R. Gomez, USAR
University of Arizona, 1976

2ndLt Patrick D. Gorman, USAFR
Pacific Lutheran University, 1981

2ndLt Bradley R. Gudath, USAFR
San Jose State University, 1979

2LT Patricia B. Gurczak, USAR
Auburn University, 1981

ENS Freddie R. Guyer, USPHS(R)
Washington State University, 1981

2LT Elizabeth N. Hasert, USAR
Dickinson College, 1974

2LT Richard D. Heekin, USAR
U.S. Military Academy, 1976

2LT Curtis J. Hobbs, USAR
University of Washington, 1980

2ndLt Stephen R. Holt, USAFR
Duke University, 1980

2ndLt Eugene Huang, USAFR
University of Michigan, Ann Arbor, 1981

ENS Robert M. Hullander, USNR
Duke University, 1981

ENS Noreen A. Hynes, USPHS(R)
Seton Hall University, 1974

ENS Dennis A. Ice, USNR
California Polytechnic State University, 1980

2ndLt William L. Ives, USAFR
Boston College, 1980

2LT Ray E. Jensen, USAR
University of California, Los Angeles, 1977

2LT John A. Johnson, USAR
U.S. Military Academy, 1976

2LT Anita Jones, USAR
Alderson Broadus College, 1976

ENS Shaun B. Jones, USNR
Rollins College, 1979

2ndLt Lisa M. Judge, USAFR
Rutgers University, 1979

ENS Edward J. Kane, USNR
Princeton University, 1981

2ndLt Howard L. Katz, USAFR
Columbia University, 1981

2LT William R. Klemme, USAR
University of California, Berkeley, 1980

2ndLt Christopher J. Knapp, USAFR
Washington University, 1981

ENS Douglas R. Knittel, USNR
Franklin & Marshall College, 1980

2ndLt Kathy A. LaCivita, USAFR
University of California, Irving, 1981

2ndLt Timothy J. Ladner, USAFR
University of California, San Diego, 1981

2LT Robert I. Laham, USAR
University of California, Irvine, 1979

2ndLt Aimee L. Lauer, USAFR
Syracuse University, 1981

ENS Lawrence J. Lerner, USNR
Queens College, 1980

ENS Mark A. Liberman, USNR
University of Maryland, 1981

2LT Douglas A. Liening, USAR
U.S. Military Academy, 1980

2LT Peter S. Ling, USAR
University of California, Davis, 1980

2LT George H. Livermore, USAR
SUNY at Purchase, 1981

2ndLt Shirley R. Lockie, USAFR
U.S. Air Force Academy, 1981

2ndLt Gael J. Lonergan, USAFR
University of Connecticut, 1981

ENS Patrick M. Lyons, USNR
U.S. Naval Academy, 1973

ENS Catherine A. Macyko, USNR
Yale University, 1981

ENS Michael R. Maddox, USNR
Colorado State University, 1981

2ndLt Andrew C. Marchiando, USAFR
University of Illinois, 1981

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U.S. Naval Academy, 1974

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U.S. Military Academy, 1979

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Williams College, 1981

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Bryn Mawr College, 1979

2ndLt Laura L. Mead, USAFR
Stanford University, 1980

2ndLt Donald M. Meduna, USAFR
SUNY at Albany, 1981

2LT Randolph E. Modlin, USAR
Yale University, 1981

ENS Kathleen G. Moeller, USNR
U.S. Naval Academy, 1981

2ndLt Michael S. Moeller, USAFR
University of California, Irvine, 1981

2LT Mary C. Mohler, USAR
Mount Holyoke College, 1980

2LT Vicki A. Moore, USAR
Arizona State University, 1981

2LT Clark A. Morres, USAR
Harvard College, 1978

ENS Richard L. Morrissey, USNR
College of the Holy Cross, 1976

ENS Stephen E. Morrow, USNR
Vanderbilt University, 1981

2ndLt Sean L. Murphy, USAFR
U.S. Air Force Academy, 1981
Tufts University, 1981

2ndLt Deborah M. Narkun, USAFR
Tufts University, 1981

2LT Robert B. Nett, USAR
University of Georgia, 1976

2ndLt Jeffrey A. Niezgoda, USAFR
U.S. Air Force Academy, 1981

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U.S. Military Academy, 1980

ENS Matthew J. Nutaitis, USNR
George Mason University, 1981

2LT Judith A. O'Connor, USAR
University of California, Riverside, 1975

ENS Guillermo Olivos, USNR
Johns Hopkins University, 1980

2LT James M. Olsen, USAR
U.S. Military Academy, 1975

2ndLt Jonathan F. O'Neal, USAFR
University of California, Riverside, 1981

2LT Shirley M. Owens, USAR
Pennsylvania State University, 1979

2ndLt Robert A. Panico, USAFR
University of Pennsylvania, 1975

ENS Terry R. Perkins, USNR
University of Indiana, Bloomington, 1976

2ndLt Michael W. Peterson, USAFR
University of California, Davis, 1981

2ndLt Arnyce R. Pock, USAFR
University of Illinois, 1981

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U.S. Military Academy, 1979

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Harvard College, 1979

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University of Denver, 1980

2Lt Lawrence R. Ragard USAR
Bucknell University, 1980

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Pennsylvania State University, 1976

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Colorado State University, 1976

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University of Indiana, Bloomington, 1981

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U.S. Military Academy, 1978

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University of California, Riverside, 1980

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University of California, Santa Barbara, 1981

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Stanford University, 1977

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University of California, Riverside, 1981

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University of Maryland, 1975

2LT Joseph A. Scaniffe, USAR*
U.S. Military Academy, 1972

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Catholic University, 1981

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University of California, Los Angeles, 1981

2ndLt Eric J. Simko, USAFR
University of Notre Dame, 1981

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University of California, Davis, 1980

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Carroll College, 1979

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University of Chicago, 1980

ENS Robert R. Taylor, USNR
Case Western Reserve University, 1976

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University of California, Berkeley, 1978

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Russell Sage College, 1976

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Columbia University, 1980

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U.S. Air Force Academy, 1981

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U.S. Air Force Academy, 1979

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University of Texas, 1980

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University of Southern California, 1980

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University of California, San Diego, 1981

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U.S. Military Academy, 1974

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University of Utah, 1980

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Brown University, 1981

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Harvard College, 1981

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Wright State University, 1981

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Princeton University, 1979

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University of Maryland, Baltimore, 1978

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University of California, San Diego, 1982

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Harvard University, 1980

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College of Great Falls, 1981

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California State University, Hayward, 1982

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U.S. Coast Guard Academy, 1979

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University of Arkansas, Main Campus, 1982

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Dartmouth College, 1982

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U.S. Naval Academy, 1976

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University of Nebraska, Lincoln, 1981

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Notre Dame College of Maryland, 1982

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Fairfield University, 1978

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University of Georgia, 1975

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Massachusetts Pharmacy College, 1980

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Jacksonville University, 1981

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George Mason University, 1981

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University of California, Los Angeles, 1976

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University of Maryland, College Park, 1982

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University of Kentucky, 1982

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Wake Forest University, 1980

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Princeton University, 1982

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University of California, Davis, 1981

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Arizona State University, 1982

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University of California, Irvine, 1976

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Northeastern University, 1971

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U.S. Naval Academy, 1974

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Gonzaga University, 1980

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U.S. Air Force Academy, 1980

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Cornell University, 1975

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Portland State University, 1981

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U.S. Air Force Academy, 1978

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California Poly. State University, San Luis Obis, 1981

2ndLt Walter L. Dillard, USAFR
Troy State University, Main Campus, 1982

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Oklahoma State University, Main Campus, 1982

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University of California, Irvine, 1981

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Cornell University, 1981

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Georgia State University, 1981

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*Class president

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Creighton University, 1982

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Pennsylvania State University, Main Campus, 1979

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CUNY City College 1982

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Fayetteville State University, 1981

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Washington Jefferson College, 1981

2ndLt Michael W. Fraley, USAFR
University of Rochester, 1981

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Colorado State University, 1982

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Brigham Young University, Main Campus, 1982

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Massachusetts Institute of Technology, 1982

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University of Washington, 1976

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University of California, Davis, 1981

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Washington State University, 1981

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University of California, San Diego, 1981

2ndLt Daniel C. Ginsberg, USAFR
Columbia University Main Division, 1981

2ndLt Richard M. Goddard, USAFR
San Jose State University, 1980

2ndLt Michael K. Gowesky, USAFR
Monmouth College, 1980

2LT Steven R. Grimes, USAR
U.S. Military Academy, 1975

2ndLT Joyce Grissom, USAFR
U.S. Air Force Academy, 1982

2LT Thomas E. Grissom, USAFR
U.S. Air Force Academy, 1982

ENS Thomas W. Grossman, USNR
Duke University, 1976

ENS Mark W. Handy, USNR
University of Washington, 1981

2LT Margot R. Hason, USAR
Virginia Polytechnic Institute and State University, 1976

2ndLt Lori J. Heim, USAFR
Portland State University, 1982

2LT Brian J. Hughes, USAR
University of California, Los Angeles, 1982

2LT Gregory B. Hughes, USAR
University of California, Santa Barbara, 1977

2ndLt John V. Ingari, USAFR
Harvard University, 1982

ENS Nadine S. Ives, USNR
University of California, Davis, 1982

2LT Eugene J. Iwanyk, USAR
U.S. Military Academy, 1973

2ndLt Eric D. Jacobson, USAFR
Stanford University, 1981

2LT Alan A. Januszlewicz, USAR
University of Pennsylvania, 1982

2ndLt Walter R. Jaussi, USAFR
University of Idaho, 1980

ENS Brian L. Johnson, USNR
Tuskegee Institute, 1982

2ndLt Theordore F. Jordan, USAFR
University of Notre Dame, 1982

ENS Daniel W. Karakla, USNR
University of Massachusetts, Amherst, 1981

2LT Karen M. Keefer, USAR
Fontbonne College, 1982

2LT Lynn M. Keith, USAR
University of Puget Sound, 1982

ENS Walter M. Kidwell, USNR
University of Nevada at Reno, 1982

ENS John P. King, USNR
Cornell University, 1975

2ndLt Stephen A. Knych, USAFR
Norwich University, Main Campus, 1982

2LT Karen A. Koski, USAR
Stanford University, 1981

ENS Wayne A. Kruithoff, USNR
University of Massachusetts, 1981

2LT Deborah A. Labeau, USAR
California State University, Sacramento, 1982

ENS Carla A. Lamers, USNR
University of California, Riverside, 1981

2LT Henderson M. Lane, USAR
Jackson State University, 1980

2LT Mark W. Lee, USAR
Beloit College, 1981

ENS Terry Lee, USNR
University of Maryland, College Park, 1980

ENS Steven V. Lewinski, USNR
State University of New York at Buffalo, Main Campus, 1979

ENS Peter E. Linz, USNR
Cornell University, 1982

2LT Ronald A. Liss, USAR
U.S. Military Academy, 1971

2LT Jeffrey L. Longacre, USAR
University of California, Los Angeles, 1982

ENS Laverne R. Lovell, USNR
U.S. Naval Academy, 1975

2ndLt Kristine R. Lynch, USAFR
George Mason University, 1982

ENS Robert D. Lynch, USNR
University of California, San Diego, 1982

2ndLt Peter B. Mapes, USAFR
U.S. Air Force Academy, 1976

2LT Chris J. Marino, USAR
University of Virginia, Main Campus, 1982

2LT Jesus A. Marquez, USAR
University of San Francisco, 1982

2ndLt Albert J. Martins, USAFR
University of Maryland, College Park, 1980

2ndLt Stephen D. Mattson, USAFR
Portland State University, 1979

2LT Victor G. McGlaughlin, USAR
U.S. Military Academy, 1979

2LT Richard W. McKnight, USAR
Northeastern University, 1982

2ndLt Scott D. McLean, USAFR
Hamilton College, 1977

ENS Daniel M. Merrill, USNR
Suffolk University, 1982

2LT Michael J. Mooney, USAR
University of California, Berkeley, 1981

ENS David B. Morgan, USNR
Johns Hopkins University, 1982

ENS Peggy M. Morrill, USNR
University of Maryland, College Park, 1982

2LT Anita M. Moscovic, USAR
University of California, Davis, 1982

ENS Neal A. Naito, USNR
University of California, Davis, 1982

ENS Olaf B. Nordling, USNR
Concordia College, 1982

ENS Elizabeth R. Ober, USNR
Colby College, 1981

ENS Robert M. Olivieri, USNR
Hobart College, 1979

ENS Donald E. O'Malley, USNR
University of Massachusetts, Amherst, 1979

ENS Anthony S. Panettiere, USNR
Shippensburg State College, 1982

ENS Frederick G. Panico, USNR
Lafayette College, 1973

2ndLt Reed G. Panos, USAFR
University of California, Berkeley, 1977

2ndLt Theodore M. Parsons, USAFR
U.S. Air Force Academy, 1982

ENS Jeffrey W. Paulson, USNR
Harvard University, 1978

2ndLt Robert C. Pedersen, USAFR
University of Massachusetts, Amherst Campus, 1982

2ndLt Anthony Pellegrino, USAFR
SUNY at Stony Brook, 1978

2ndLt Mary M. Pelszynski, USAFR
U.S. Air Force Academy, 1982

2ndLt Marcus L. Peterson, USAFR
Brigham Young University, Main Campus, 1982

ENS Nancy F. Petit, USNR
College of the Holy Cross, 1982

ENS Jonathan J. Ply, USNR
University of California, Los Angeles, 1982

2LT James A. Polo, USAR
U.S. Military Academy, 1982

2LT Kathleen B. Polo, USAR
Pacific Lutheran University, 1982

2LT Clifford A. Porter, USAR
Oregon State University, 1976

ENS Paul A. Pudimat, USNR
Georgetown University, 1978

2LT Joseph P. Pulcini, USAR
SUNY at Stony Brook, 1982

2ndLt Daniel J. Quenneville, USAFR
Northern Michigan University, 1982

2ndLt David P. Rainville, USAFR
SUNY College at Fredonia, 1977

2ndLt Lawrence L. Rentschler, USAFR
University of South Dakota, Main Campus 1982

2LT Paul C. Reynolds, USAR
U.S. Military Academy, 1978

2ndLt Arie T. Riley, USAFR
Rutgers University, New Brunswick, 1982

2LT Guy P. Runkle, USAR
U.S. Military Academy, 1982

ENS Robert T. Sargent, USNR
Pacific Lutheran University, 1982

2ndLt Jane E. Sasaki, USAFR
University of Maryland, College Park, 1980

2ndLt Andrew J. Satin, USAFR
University of Chicago, 1981

2LT Ann S. Secord, USAR
Kansas State University, 1982

2LT Gail L. Seiken, USAR
University of Virginia, Main Campus, 1981

2ndLt Frank J. Shelton, USAFR
University of Maryland, College Park, 1982

ENS Patrick L. Simning, USNR
University of Rochester, 1981

2ndLt William H. Sneeder, USAFR
U.S. Air Force Academy, 1981

2LT Don P. Speers, USAR
University of Texas, Austin, 1981

2LT Richard S. Stack, USAR
Rutgers University, Newark Campus, 1981

2ndLt Michael D. Stamatakos, USAFR
Duke University, 1982

ENS Joseph K. Statkus, USNR
Jacksonville University, 1981

2LT Gregory I. Stone, USAR
Stanford University, 1981

2LT Ronald S. Sutherland, USAR
California State University, Sacramento, 1981

2LT Steven W. Swann, USAR
Tennessee Tech University, 1979

2ndLt Sharon D. Thomas, USAFR
Goucher College, 1982

2ndLt Donald F. Thompson, USAFR
University of Maryland, 1979

2ndLt Steven M. Topper, USAFR
U.S. Air Force Academy, 1982

2ndLt Thomas W. Travis, USAFR*
Virginia Polytechnic Institute and State University, 1976

2ndLt Suzanne E. Turco, USAFR
University of Virginia, Main Campus, 1982

2LT Paula S. Vogel, USAR
University of New Mexico, Main Campus, 1979

2LT John C. Walker, USAR
Drew University, 1982

2LT Rochelle T. Wasserman, USAR
University of California, Los Angeles, 1981

ENS John K. Watson, USNR
University of the State of New York, Albany, Regents Extnl Deg, 1981

ENS Mary E. Watson, USNR
Cornell University Medical Center, 1976

2LT Thomas M. Wiley, USAR
U.S. Military Academy, 1982

2LT Dennis M. Wilson, USAR
University of Maryland, College Park, 1982

2ndLt Phillip A. Wolfe, USAFR
University of Colorado, Boulder, 1981

2LT Dwight W. Wood, USAR
University of California, San Diego, 1981

2ndLt Christopher W. Zahn, USAFR
Rutgers University, New Brunswick, 1979

ENS Eric J. Zintz, USNR
University of Maryland, College Park, 1982

Class of 1987

2LT Diane S. Ackerman, USAR
University of California, Davis, 1981

2ndLt Turgut Alagoz, USAFR
University of California, Irvine, 1980

2ndLt Frank J. Archer, USAFR
Brigham Young University, 1982

2ndLt Gary I. Arishita, USAFR
University of California, Davis, 1983

2LT Edward D. Arrington, USAR
U.S. Military Academy, 1983

2LT Kenneth S. Azarow, USAR
Franklin & Marshall College, 1981

2LT Dean E. Baird, USAR
University of Maryland, College Park, 1983

ENS Gregory A. Barber, USNR
Niagara University, 1983

2LT James A. Barker, USAR
Washington University, 1979

ENS Charles H. Beymer, USAR
University of the Pacific, 1977

2LT Christopher P. Black, USAR
Syracuse University, 1983

2ndLt Howard P. Blount, USAFR
Georgia Institute of Technology, 1983

2ndLt Pamela S. Bostic, USAFR
San Diego State University, 1983

ENS John M. Bosworth, Jr., USNR
University of Maryland, College Park, 1983

ENS John D. Boyer, USNR
Occidental College, 1982

ENS James D. Bridges, USNR
U.S. Naval Academy, 1973

2ndLt James P. Brown, USAFR
Jacksonville State University, 1983

ENS Karen L. Burmeister, USNR
Ursinus College, 1980

ENS Steve L. Case, USNR
University of Pennsylvania, 1982

ENS Jonathan E. Cayle, USNR
SUNY at Stony Brook, 1976

ENS Robert J. Chastanet, USNR
U.S. Naval Academy, 1983

ENS Edward W. Cheeseman, Jr., USNR
U.S. Naval Academy, 1975

ENS Gretchen G. Collins, USNR
University of California, Irvine, 1978

2ndLt John T. Columbus, USAFR
Washinton-Jefferson College, 1983

2LT David M. Compton, USAR
Bucknell University, 1983

2ndLt Kathryn A. Coolbaugh, USAFR
California State College, San Bernardino, 1983

2LT Lise A. Cote, USAR
University of Vermont, 1983

2LT Brian J. Crisp, USAR
University of California, Davis, 1983

ENS Gregory H. Cross, Jr., USNR
Duke University, 1983

ENS Theodore J. Cunningham, USNR
University of California, Davis, 1982

2ndLt Moira Curley, USAFR
University of Virginia, 1983

2LT Paul J. Cutting, USAR
U.S. Military Academy, 1983

2LT William B. Davis, USAR
University of Arkansas, Main Campus, 1982

2ndLt Steven C. DeCoud, USAFR
California Lutheran College, 1983

2LT Carroll J. Diebold, USAR
University of Notre Dame, 1983

2ndLt Daniel J. Donovan, USAFR
Bates College, 1977

2LT Paul J. Dougherty, USAR
San Francisco State University, 1981

2LT Scott R. Duffin, USAR
U.S. Military Academy, 1979

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*Class president

2ndLt Russell D. Dumire, USAFR
West Virginia University, 1983

2LT James M. Ecklund, USAR
U.S. Military Academy, 1983

ENS Kenneth J. Fattmann, Jr., USNR
University of Missouri, Columbia, 1982

ENS Fredrick C. Fehl III, USNR
University of California, Los Angeles, 1982

2LT James R. Ficke, USAR
U.S. Military Academy, 1983

2LT John L. Fontana, USAR
U.S. Military Academy, 1983

2ndLt Charles D. Fowler, Jr., USAFR
Huntingdon College, 1982

2LT Thomas B. Francis, USAR
Harvard University, 1980

2ndLt Clifford B. Freling, USAFR
SUNY at Stony Brook, 1983

2ndLt Michael K. Garey, USAFR
Brigham Young University, Main Campus, 1983

2ndLt Daniel C. Garner, USAFR
U.S. Air Force Academy, 1978

2LT William R. Gilliland, USAR
University of Nebraska, Lincoln, 1981

2LT Andrew C. Gjelsteen, USAR
U.S. Military Academy, 1977

ENS Thomas A. Grieger, USNR
University of Michigan, Ann Arbor, 1977

2ndLt Ned J. Gross, USAFR
Columbia University, Main Division, 1982

2ndLt Keith J. Haar, USAFR
U.S. Naval Academy, 1978

2ndLt Kevin Hall, USAFR
University of Central Florida, 1983

ENS Paul S. Hammer, USNR
University of San Francisco, 1983

ENS Todd J. Harker, USNR
University of California, Irvine, 1983

2LT Kenneth C. Harris, USAR
College of William and Mary, 1983

ENS Brett B. Hart, USNR
University of Illinois, Urbana, 1983

2LT Ralph A. Hartman, USAR
University of California, Riverside, 1983

ENS Richard P. Hedlund, USNR
University of California, Irvine, 1979

ENS Robert C. Heim, Jr., USNR
The Citadel Military College, 1983

2ndLt Byron C. Hepburn, USAFR
U.S. Air Force Academy, 1976

2LT Arthur H. Herpolsheimer, USAR
University of Southern California, 1982

2LT David P. Horschild, USAR
University of California, Davis, 1982

2ndLt David E. Holck, USAFR
Miami University, Oxford Campus, 1982

2LT Dallas W. Homas, USAR*
U.S. Military Academy, 1983

2ndLt Daniel C. Hood, USAFR
Michigan State University, 1981

2LT John J. Horan, USAR
Villanova University, 1983

2LT David W. Hough, USAR
U.S. Military Academy, 1978

2LT Leonard N. Howard, Jr., USAR
University of Maryland, 1981

2LT James S. Hu, USAR
University of Southern California, 1982

2ndLt Jane Y. Ikeda, USAFR
Franklin and Marshall College, 1983

2LT Dorothy L. Jackson, USAR
Grambling State University, 1978

2ndLt Arthur M. James, USAFR
Troy State University, 1983

ENS James J. Jancuska, USNR
Washingtcn-Jefferson College, 1982

2ndLt Timothy T. Jex, USAFR
Brigham Young University, 1983

2ndLt Scott L. Johnston, USAFR
University of Oklahoma, 1979

ENS Ralph C. Jones, Jr., USNR
Pennsylvania State University, 1983

2ndLt Neil L. Jorgensen, USAFR
University of Utah, 1981

ENS Barbara Joslow, USNR
University of Maryland, Baltimore, 1979

2LT Robert J. Kazragis, Jr., USAR
Whittier College, 1977

2LT Carol B. Key, USAR
University of Virginia, 1983

2LT Suzanne H. Kim, USAR
Vassar College, 1982

ENS John J. Lang, USNR
SUNY at Stony Brook, 1980

2LT William L. Lang, USAR
U.S. Military Academy, 1983

2LT Mario A. Lanza, USAR
St. Peter's College, 1983

ENS Richard W. Leader, USNR
University of California, Riverside, 1983

2LT Edward K. Leahy, USAR
Ripon College, 1983

2LT Hee-choon S. Lee, USAR
Brown University, 1983

ENS John E. Lindsey, Jr., USNR
University of Central Florida, 1983

2ndLT Christopher J. Lisanti, USAFR
U.S. Air Force Academy, 1983

ENS Charles R. Long, USNR
Georgia Institute of Technology, 1982

2LT Mark A. Lowry, USAR
University of Iowa, 1983

2LT Edward B. Lucci, USAR
U.S. Military Academy, 1983

ENS Earl H. Lynch, USNR
University of San Francisco, 1980

ENS Earl H. Mahaffey, USNR
University of California, Davis, 1983

2ndLt Robert E. Manaker, USAFR
University of Michigan, Ann Arbor, 1983

2ndLt David W. Martin, USAR
U.S. Military Academy, 1977

2ndLt Kurt D. McCartney, USAFR
University of Virginia, 1983

ENS Brian L. McFadden, USNR
University of Maryland, College Park, 1982

2ndLt Michael P. McGunigal, USAFR
University of Notre Dame, 1983

ENS Alan E. McLuckie, USNR
Johns Hopkins University, 1983

2ndLt Jacquelyn I. McNeill, USAFR
Princeton University, 1983

2ndLt James W. Meany, USAFR
Stanford University, 1980

2ndLt Mark D. Miller, USAFR
U.S. Air Force Academy, 1979

ENS Tamara A. Mislowsky, USNR
University of Michigan, Ann Arbor, 1982

ENS Douglas S. Mitchell, USNR
University of Washington, 1983

2LT John H. Mitchell, USAR
University of Washington, 1983

2LT William T. Monacci, USAR
U.S. Military Academy, 1983

2LT Paul D. Mongan, USAR
U.S. Military Academy, 1983

2ndLt Richard J. Montminy, USAFR
Assumption College, 1981

2LT Allen F. Morey, USAR
Lafayett College, 1983

2LT Kevin P. Murphy, USAR
U.S. Military Academy, 1983

2LT Mark A. Myers, USAR
Rensselaer Polytechnic Institute, 1983

2ndLt Patric Y. Nassaux, USAFR
Pennsylvania State University, 1976

2ndLt Thomas A. Neal II, USAFR
U.S. Air Force Academy, 1980

2ndLt Loretta M. O'Brien, USAFR
U.S. Air Force Academy, 1983

ENS Christopher L. Olch, USNR
University of Colorado, Boulder, 1980

2LT Joseph Pafumy, USAR
University of Miami, 1983

ENS Tremont V. Parrino, USNR
University of California, San Diego, 1982

2ndLt August C. Pasquale III, USAFR
U.S. Air Force Academy, 1983

2LT Timothy L. Pendergrass, USAR
University of Colorado, Colorado Springs, 1983

2LT Simon H. Pincus, USAR
Johns Hopkins University, 1983

ENS Karen T. Pitman, USNR
University of Maryland, College Park, 1978

2LT Stephen E. Poore, USAR
University of Nevada, Reno, 1981

ENS Kyle B. Potts, USNR
University of California, San Diego, 1983

2LT John A. Powell, USAR
St. Lawrence University, 1979

2LT Jeffrey G. Priest, USAR
Brigham Young University, 1982

ENS Raymond M. Pumarejo, USNR
Marquette University, 1983

2ndLt William J. Quartuccio, Jr., USAFR
SUNY at Stony Brook, 1980

2LT William B. Reece, USAR
U.S. Military Academy, 1983

ENS Peter M. Rhee, USNR
Georgia Institute of Technology, 1983

ENS Robert H. Rice, USNR
University of California, Davis, 1983

ENS Paul D. Rockswold, USNR
U.S. Naval Academy, 1983

2LT Glenn D. Sandberg, USAR
University of California, Davis, 1982

2LT Chae-im Santos, USAR
University of Northern Colorado, 1978

2ndLt Cathy J. Schoorens, USAFR
Southeastern Massachusetts University, 1979

2LT Frank W. Scribbick III, USAR
University of California, Davis, 1983

2ndLt Richard K. Sharp, USAFR
Brigham Young University, 1982

2LT John M. Shepherd II, USAR
Univeristy of Wisconsin, Madison, 1982

ENS Monte D. Slater, USNR
Point Loma College, 1983

ENS Mark L. Sobczak, USNR
U.S. Naval Academy, 1977

2ndLt Lisa D. Somerson, USAFR
U.S. Air Force Academy, 1983

2LT John M. Stamatos, USAR
Hamilton College, 1983

ENS Jennifer L. Stanley, USNR
University of California, Santa Barbara, 1981

2LT James D. Stevens, USAR
University of Texas, Austin, 1983

2LT Patrick St Pierre, USAR
U.S. Military Academy, 1980

2ndLt Wayne K. Sumpter, USAFR
U.S. Air Force Academy, 1983

2ndLt Dan E. Thomas, USAFR
Brigham Young University, 1983

ENS Kelly J. Tucker, USNR
University of California, Irvine, 1982

2ndLt James E. Turek, USAFR
University of Michigan, Dearborn, 1981

ENS Christopher R. Turner, USNR
Purdue University, 1978

2LT Hung Q. Vu, USAR
University of Maryland, College Park, 1982

2ndLt Beverly F. Wedda, USAFR
College of the Holy Cross, 1982

2LT Lawrence A. Wilson, USAR
University of California, Santa Cruz, 1982

2ndLt Allen Wong, USAFR
Johns Hopkins University, 1983

ENS Timothy L. Workman, USNR
Ohio State University, 1983

Appendix A

Public Law 92-426
92nd Congress H. R. 2
September 21, 1972

An Act

To establish a Uniformed Services University of the Health Sciences and to provide scholarships to selected persons for education in medicine, dentistry, and other health professions, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Uniformed Services Health Professions Revitalization Act of 1972".

Uniformed Services Health Professions Revitalization Act of 1972.
79 Stat. 1064.
10 USC 2101.

SEC. 2. (a) Title 10, United States Code, is amended by adding the following new chapters after chapter 103:

Chapter 104.—UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

Sec.
2112. Establishment.
2113. Board of Regents.
2114. Students: selection; status; obligation.
2115. Graduates: limitation on number permitted to perform civilian Federal service.
2116. Reports to Congress.
2117. Authorization for appropriations.

2112. Establishment

(a) There is hereby authorized to be established within 25 miles of the District of Columbia a Uniformed Services University of the Health Sciences (hereinafter in this chapter referred to as the "University"), at a site or sites to be selected by the Secretary of Defense, with authority to grant appropriate advanced degrees. It shall be so organized as to graduate not less than 100 medical students annually, with the first class graduating not later than September 21, 1982.

(b) Except as provided in subsection (a), the numbers of persons to be graduated from the University shall be prescribed by the Secretary of Defense. In so prescribing the number of persons to be graduated from the University, the Secretary of Defense shall, upon recommendation of the Board of Regents, institute actions necessary to ensure the maximum number of first-year enrollments in the University consistent with academic capacity of the University and the needs of the uniformed services for medical personnel.

(c) The development of the University may be by such phases as the Secretary of Defense may prescribe, subject to the requirements of subsection (a).

2113. Board of Regents

(a) The business of the University shall be conducted by a Board of Regents (hereinafter in this chapter referred to as the "Board") with funds appropriated for and provided by the Department of Defense. The Board shall consist of—

(1) nine persons outstanding in the fields of health and health education who shall be appointed from civilian life by the President, by and with the advice and consent of the Senate;

(2) the Secretary of Defense, or his designee, who shall be an ex officio member;

(3) the surgeons general of the uniformed services, who shall be ex officio members; and

(4) the person referred to in subsection (d).

(b) The term of offfice of each member of the Board (other than ex officio members) shall be six years except that—

(1) any member appointed to fill a vacancy occurring before the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term;

(2) the terms of office of the members first taking office shall expire, as designated by the President at the time of appointment, three at the end of two years, three at the end of four years, and three at the end of six years; and

(3) any member whose term of office has expired shall continue to serve until his successor is appointed.

(c) One of the members of the Board (other than an ex officio member) shall be designated by the President as Chairman. He shall be the presiding officer of the Board.

(d) The Board shall appoint a Dean of the University (hereinafter referred to as the "Dean") who shall also serve as a nonvoting ex officio member of the Board.

(e) Members of the Board (other than ex officio members) while attending conferences or meetings or while otherwise performing their duties as members shall be entitled to receive compensation at a rate to be fixed by the Secretary of Defense, but not exceeding $100 per diem and shall also be entitled to receive an allowance for necessary travel expenses while so serving away from their place of residence.

(f) The Board, after considering the recommendations of the Dean, shall obtain the services of such military and civilian professors, instructors, and administrative and other employees as may be necessary to operate the University. Civilian members of the faculty and staff shall be employed under salary schedules and granted retirement and other related benefits prescribed by the Secretary of Defense so as to place the employees of the University on a comparable basis with the employees of fully accredited schools of the health professions within the vicinity of the District of Columbia. The Board may confer academic titles, as appropriate, upon military and civilians member of the faculty. The military members of the faculty shall include a professor of military, naval, or air science as the Board may determine.

(g) The Board is authorized to negotiate agreements with agencies of the Federal Government to utilize on a reimbursable basis appropriate existing Federal medical resources located in or near the District of Columbia. Under such agreements the facilities concern-

ed will retain their identities and basic missions. The Board is also authorized to negotiate affiliation agreements with an accredited university or universities in or near the District of Columbia. Such agreements may include provisions for payments for educational services provided students participating in Department of Defense educational programs. The Board may also, subject to the approval of the Secretary of Defense, enter into an agreement under which the University would become part of a national university of health sciences should such an institution be established in the vicinity of the District of Columbia.

(h) The Board may establish postdoctoral, postgraduate, and technological institutes.

(i) The Board shall also establish programs in continuing medical education for military members of the health professions to the end that high standards of health care may be maintained within the military medical services.

(j) (1) The Board also is authorized—

(A) to enter into contracts with the Foundation for the Advancement of Military Medicine established under section 178 of this title, or with any other nonprofit entity, for the purpose of carrying out cooperative enterprises in medical research, medical consulation, and medical eduction;

(B) subject to paragraph (2), to make available to the Foundation for the Advancement of Military Medicine, on such terms and conditions as the Board determines appropriate, such space, facilities, equipment, and support services within the University as the Board considers neccessary to accomplish cooperative enterprises undertaken by such Foundation and the University;

(C) subject to paragraph (2), to enter into contracts with the Foundation for the Advancement of Military Medicine under which the Board may furnish the services of such professional, technical, or clerical personnel as may be necessary to fulfill cooperative enterprises undertaken by such Foundation and the University;

(D) to accept, hold, administer, invest, and spend any gift, devise, or bequest of personal property made to the University, including any gift, devise, or bequest for the support of an academic chair, teaching, research, or demonstration project;

(E) subject to paragraph (2), to enter into agreements with the Foundation for the Advancement of Military Medicine, or with any other nonprofit entity, under which scientists or other personnel of the Foundation or other entity may be utilized by the University for the purpose of enhancing the activities of the University in education, research, and technological applications of knowledge; and

(F) to accept the voluntary services of guest scholars and other persons.

(2) The authority of the Board under clauses (B), (C), and (E) of paragraph (1) may be exercised only if—

(A) before the Board enters into any arrangement under which any space, facility, equipment, or support service is made available under clause (B) of such paragraph, before the Board enters into any contract under clause (C) of such paragraph, or before the Board enters into any agreement under clause (E) of such paragraph, it notifies the Committees on Armed Services of the Senate and the House of Representatives in writing of the proposed arrangement, contract, or agreement, as the case may be, the terms and conditions thereof, and, in the case of a proposed agreement under clause (E) of paragraph (1), any appointments proposed to be made under the authority of paragraph (4) in connection with the agreement, and

(B) a period of fifteen days has elapsed following the date on which the notice is received by such committees.

(3) The Board may not enter into any contract with the Foundation for the Advancement of Military Medicine, or with any other entity, if the contract would obligate the University to make outlays in advance of the enactment of budget authority for such outlays.

(4) Scientists or other medical personnel utilized by the University under an agreement described in clause (E) of paragraph (1) may be appointed to any position within the University and may be permitted to perform such duties within the University as the Board may approve.

(5) A person who provides voluntary services under the authority of clause (F) of paragraph (1) shall be considered to be an employee of the Federal Government for the purposes of chapter 81 of title 5, relating to compensation for work-related injuries, and to be an employee of the Federal Government for the purposes of chapter 171 of title 28, relating to tort claims. Such a person who is not otherwise employed by the Federal Government shall not be considered to be a Federal employee for any other purpose by reason of the provision of such services.

2114. Students: selection; status; obligation:

(a) Students at the University shall be selected under procedures prescribed by the Secretary of Defense. In so prescribing, the Secretary shall consider the recommendations of the Board. However, selection procedures prescribed by the Secretary of Defense shall emphasize the basic requirement that students demonstrate sincere motivation and dedication to a career in the uniformed services (as defined in section 1072(1) of this title).

(b) Students shall be comissioned officers of a uniformed service as determined under regulations prescribed by the Secretary of Defense after consulting with the Secretary of Health and Human Services. Notwithstanding any other provision of law, they shall serve on active duty in pay grade 0-1 with full pay and allowances of that grade. Upon graduation they shall be appointed in a regular component, if qualified, unless they are covered by section 2115 of this title. Students who graduate shall be required, except as provided in section 2115 of this title, to serve thereafter on active duty under such regulations as the Secretary of Defense or the Secretary of Health and Human Services, as appropriate, may prescribe for not less than seven years, unless sooner released. The service credit exclusions specified in section 2126 of this title shall apply to students covered by this section.

(c) A period of time spent in military intern or residency training shall not be creditable in satisfying an active duty obligation imposed by this section.

(d) A member of the program who, under regulations prescribed by the Secretary of Defense, is dropped from the program for deficiency in conduct or studies, or for other reasons, may be required to perform active duty in an appropriate military capacity in accordance with the active duty obligation imposed by this section. In no case shall any such member be required to serve on active duty for any period in excess of a period equal to the period he participated in the program, except that in no case may such member be required to serve on active duty less than one year.[1]

[1]Individuals leaving the program prior to completion may be subject to reserve service obligations established by each of the uniformed services.

2115. Graduates: limitation on number permitted to perform civilian Federal service

The Secretary of Defense may allow not more than 20 percent of the graduates of each class at the University to perform civilian Federal service for not less than seven years following the completion of their professional education in lieu of active duty in a uniformed service if the needs of the uniformed services do not require that such graduates perform active duty in a uniformed service and as long as the Secretary of Defense does not recall such persons to active duty in the uniformed services. Such persons who execute an agreement in writing to perform such civilian Federal service may be released from active duty following the completion of their professional education. The location and type of their duty shall be determined by the Secretary of Defense after consultation with the heads of Federal agencies concerned.

2116. Reports to Congress

The Secretary of Defense shall report periodically to the Committees on Armed Services of the Senate and House of Representatives on the feasibility of establishing educational institutions similar or identical to the University at any other locations he deems appropriate. The last such report shall be submitted by June 30, 1976.

2117. Authorization for appropriations

There is hereby authorized to be appropriated to the Department of Defense for the planning, construction, development, improvement, operation, and maintenance of the University, and to otherwise accomplish the purposes of this title, for the fiscal year beginning July 1, 1972, the sum of $15,000,000 and for each fiscal year thereafter such sum as may be authorized in the annual military construction authorization Act for such year.

. . . . . .

2126. Members of the program: service credit

Service performed while a member of the program shall not be counted—

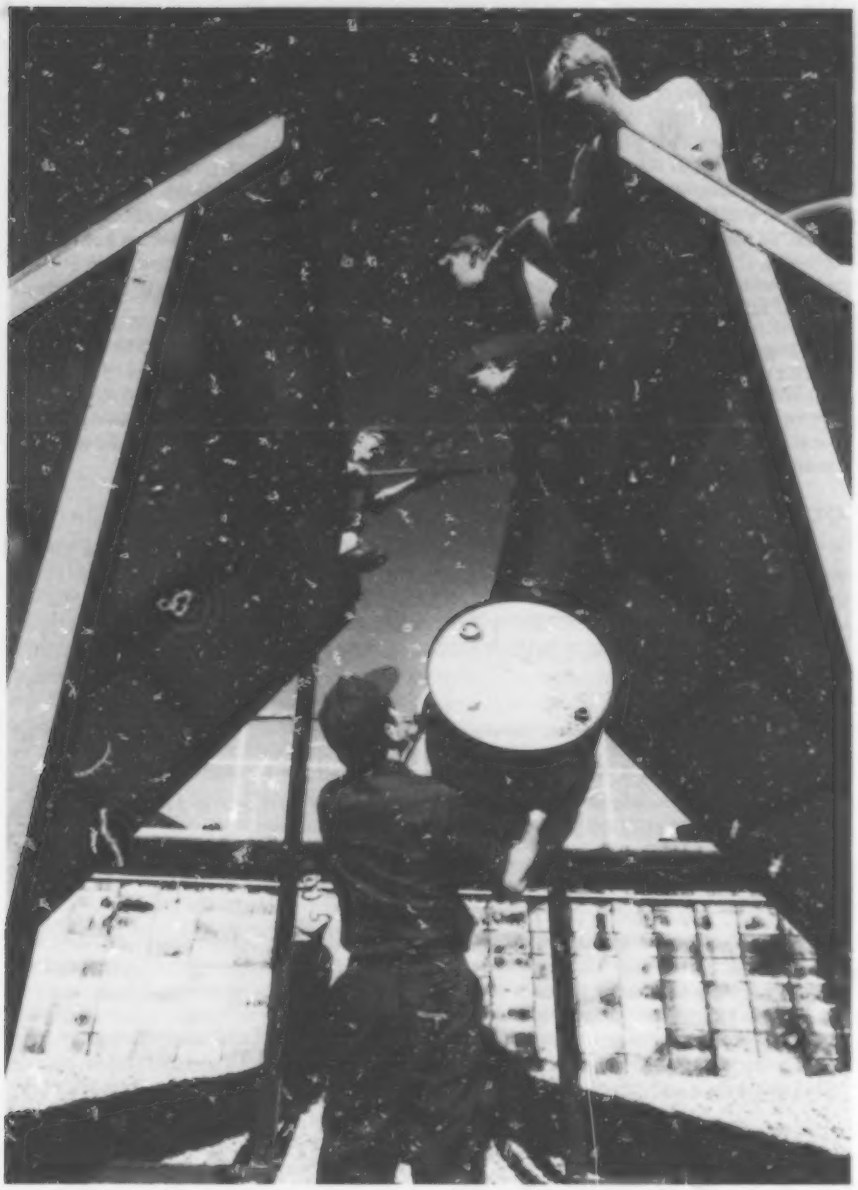
(1) in determining eligibility for retirement other than by reason of a physical disability incurred while on active duty as a member of the program; or

(2) in computing years of service creditable under section 205 of Title 37.

. . . . . .

Section 1108 of the 1984 Department of Defense authorization, signed into law 24 September 1983, states that "[t]he School of Medicine of the Uniformed Services University of the Health Sciences shall after the date of enactment of this Act be known and designated as the 'F. Edward Hébert School of Medicine.' Any reference to such school of medicine in any law, regulation, map, document, or other record of the United States shall after such date be deemed to be a reference to such school of medicine as the F. Edward Hébert School of Medicine."

(Added Pub.L. 92-426, § 2(a), Sept. 21, 1972, 86 Stat. 714, and amended Pub.L. 95—589, Nov. 4, 1978, 92 Stat. 2512; Pub.L. 96-513, Title V, § 511(64), Dec. 12, 1980, 94 Stat. 2926; Pub.L. 98—36, § 3, May 27, 1983, 97 Stat. 201.)



Leadership training exercises are part of the medical school pre-freshman orientation program.

Appendix B

Physical and Security Requirements For Admission to the F. Edward Hébert School of Medicine

Section 1: Physical Standards

The requirements for a Regular military commission include medical standards of fitness. General guidance regarding these standards is given in this section. These requirements are based on Chapter 5 of Army Regulation 40-501, except for the standards for vision which are prescribed in paragraphs 2-12 and 2-13, Chapter 2, of the same regulation. All conditionally accepted applicants will be given Armed Forces physical examinations to determine fitness. Individuals who, after reading the guidance that follows, are concerned about possible rejection on physical grounds, may wish to consult private physicians to get opinions as to whether or not they would meet the standards as stated. While such opinions cannot be used for official purposes, they may be useful to the applicant either by allaying unnecessary concern over eligibility or by alerting the applicant to problems that might lead to rejection. Thus, applicants are urged to seek private medical advice for their own information, even though the actual determination of medical fitness will be made by the Government at a later date.

The potentially disqualifying physical disorders for admission are summarized in part below. Applicants who have questions regarding any of the conditions noted or who desire more detailed information on physical standards should contact the Director of Admissions, Uniformed Services University of the Health Sciences.

Height and Weight Standards

Standards of weight according to height are shown in Table II, page 186. Minimum and maximum height for men and women, measured to the nearest half inch without shoes is 60-80 and 58-72 inches, respectively. Whether or not an administrative waiver will be considered for height and weight limits is a matter that will be evaluated on an individual case-by-case basis.

Eyes and Vision

Distant Visual Acuity:

Distant visual acuity of any degree which does not correct with spectacle lenses to at least one of the follow is disqualifying:

(1) 20/40 in one eye of 20/70 in the other eye.
(2) 20/30 in one eye and 20/100 in the other eye.
(3) 20/20 in one eye and 20/400 in the other eye.

Near Visual Acuity:

Near visual acuity of any degree which does not correct to at least J-6 in the better eye is disqualifying.

Refractive Error:

Any degree of refractive error in spherical equivalent over—8.00 or +8.00; or if ordinary spectacles cause discomfort by reason of ghost images, prismatic displacement, etc.; or if an ophthalmological consultation reveals a condition which is disqualifying.

Contact Lenses:

Complicated conditions requiring contact lenses for adequate correction of vision such as keratococnus, corneal scars, and irregular astigmatism are cause for rejection.

Ears and Hearing

The auditory acuity of all candidates is determined by an audiometer. Maximum allowable decibel loss at certain frequencies is listed below.

ISO or ANSI (Unaided Sensitivity)

Frequency	500Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz
Maximum Loss in Decibels						
Each Ear	25dB	25dB	25dB	45dB	45dB	45dB

Both ears must be free from any disfiguring or incapacitating abnormalities. Existing perforations of the tympanic membrane, regardless of etiology, are also grounds for rejection.

Nasal Disqualifications

Any congenital or acquired lesion which interferes with the functions of the nasopharynx or Eustachian tubes. Septal deviation, hypertrophic rhinitis, nasal polyps, or other conditions which result in 50% or more obstruction to either sinus drainage or airways. Allergic rhinitis not controllable by antihistamines or by desensitization or both. Histories of acute or chronic sinusitis will be reviewed.

Lung and Chest Disqualifications

Tuberculosis active in any form or location during the past two years. A positive skin test without other evidence of active disease is not disqualifying. Individuals taking prophylactic chemotheraphy because of recent skin test conversion are not disqualified. A candidate is disqualified if he/she has had acute abscess of lung; acute mycotic disease of the lung such as coccidioidomycosis and histoplasmosis; foreign body of the chest wall causing symptoms; lobectomy, history of, for a nontubercutious nonmalignant lesion with residual pulmonary disease, removal of more than one lobe is cause for rejection; other traumatic lesions of the chest or its contents; pneumothorax due to simple trauma or surgery within one year of date of Qualifying Medical Examination; or pneumothorax of sponanteous

origin within three years of Qualifying Medical Examination. Surgical correction is acceptable if no significant residual deforming disease remains and pulmonary function test are within normal limits.

Allergic Disqualifications

Asthma or a history of asthma. (Exception: childhood asthma with no symptoms since 12th birthday.) Consultation with an allergy specialist will be required in many cases of allergic rhinitis (see Nasal Disqualifications).

Skin Disqualifications

Psoriasis or a documental history thereof. Moderately severe acne or resultant scaring, disfiguring face or interfering with wearing of military equipment. Unsightly congenital markings or chronic skin disease such as eczema. Pilonidal cyst with mass or discharging sinus. Deep or adherent scars which interfere with movement or wearing of military equipment. Atopic dermatitis with active or residual lesions in characteristic areas or documented history thereof. Cysts, other than pilonidal of such a size or location as to interfere with the normal wearing of military equipment, fungus infections, systemic or superficial if extensive and amenable, to treatment. Leukemia cutis, Mycosis fungoides; Hodgkin's Desease. Lupus erythematosus or any other dermatosis aggravated by sunlight. Nevi or vascular tumors if extensive, unsightly, or exposed to constant irritation. Urticaria, chronic.

Heart and Vascular System Disqualifications

An electrocardiogram is required of all applicants. Electrocardiographic abnormalities will be evaluated for evidence of an organic basis. A history of rheumatic fever requires a careful general medical examination as well as a detailed health history, fluoroscopic examination of the heart, and an X-ray film. All murmurs will be evaluated thoroughly to determine if functional or organic in origin. Any evidence of organic heart disease is unequivocally disqualifying. Any valvular disease of the heart is disqualifying even if improved by surgery. Hypertension evidenced by preponderant systolic pressure readings of 140-mm or more, or preponderant diastolic pressure of over 90-mm. Heart rate greater than 100 on repeated examinations will be reviewed. Severe or symptomatic varicosities, of any extremities unless correctable by treatment.

Genitourinary System Disqualifications

Persistent albuminuria of any type including so-called orthostatic albuminuria or persistence of casts in urine—even if the etiology cannot be determined. Phimosis, epispadias, or hypospaidas severe enough to interfere with micturition. Amputation of penis; infantile genitalia; atrophy, absence, deformity, or maldevelopment of both testicles; or undescended testicle of any degree unless surgically corrected. Chronic orchitis or epididymitis. Chronic kidney diseases. Repeated attacks of renal calculi. Absence of one kidney, regardless of cause.

In addition to the abnormalities of the bladder and kidneys listed above, the following disqualifications apply exclusively to females; bartholinitis, bartholin cyst, cervicitis, manifested by vaginal discharge; dysmenorrhea, incapacitating to a degree which necessitates recurrent absences of more than a few hours from scheduled activities; endometriosis; hermaphroditism; menopausal syndrome manifested by more than mild constitutional or mental symptom (in all cases of artificial menopause, a clinical diagnosis fully reported, and surgical and pathological reports, will be obtained and recorded); menstrual

cycle, irregularities of, including heavy menses, bleeding menses more than one in every 28 days, or lack of menses; tumors of the internal or external genitals, except for single uterine fibroid, subserous, asymptomatic, less than 3cm in diameter, with no general enlargement of the uterus; acute or chronic inflammation of the ovaries or tubes; pregnancy; cervical polyps; cervical ulcer or marked erosion; generalized enlargement of the uterus due to any cause; malposition of the uterus if more than mildy symptomatic; cogenital abnormalities or severe lacerations of the vagina; leukoplakia of the vulva; chronic or acute vulvitis; major abnormalities or defects of the genitalia such as a change of sex, a history thereof or complications residual to surgical correction of these conditions.

Abdomen Disqualifications

Weakness of abdominal wall sufficient to interfere with function. Hernias of any type unless surgically corrected. History of operation for hernia within past 60 days is temporarily disqualifying. Chronic diseases of abdominal viscera. History of gastric of duodenal ulcer.

Acute or chronic gallbladder disease. Resection, gastric bowel; or gastroenterostomy, however, minimal intestinal resection in infancy or childhood is acceptable if individual has been asymptomatic. (for example; for intussuception or pyloric stenosis). Splenenctomy, except when accomplished for trauma; causes unrelated to disease of the spleen; hereditary spherocytosis; and disease involving the spleen when followed by correction of the condition for a period of at least 2 years.

Orthopedic Disqualifications

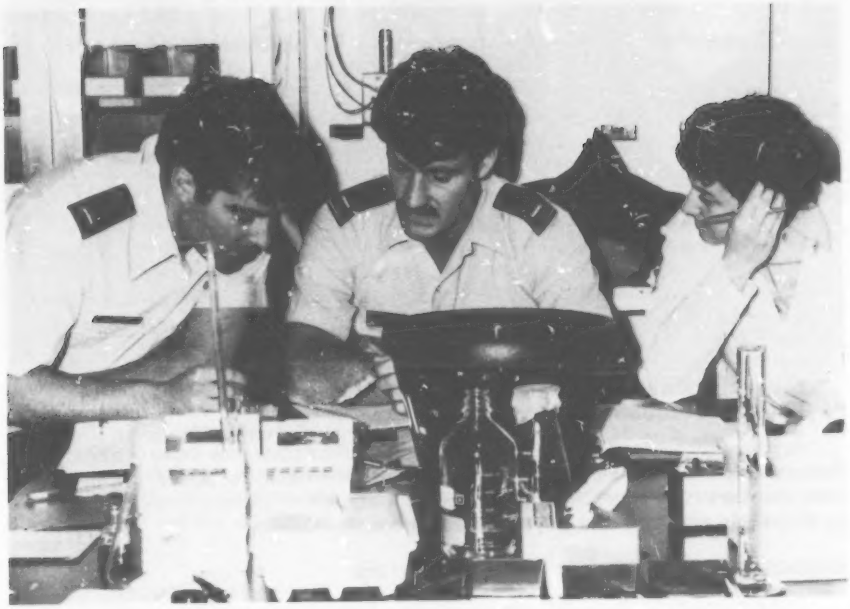
Ununited fractures, old joint fractures with evidence of arthiritis. Pes planus more than mild, symptomatic, or with marked bulging of the inner border due to rotation or eversion of the astragalus and any callosities. Pes cavus with clawing of calluses beneath the metatarsal heads can be cause for rejection. Hammertoes of such degree as to interfere with function or wearing of suitable footwear. Other conditions of the feet which would interfere with successful compliance with military routine. History of derangement of the knee joint not corrected by surgery. Six months must elapse after knee surgery before final evaluation. Postoperative instability, stiffness, traumatic arthritis, muscle atrophy or weakness will be throughly evaluated, and may be disqualifying. Arthritis: Active or subacute arthritis, chronic osteoarthritis or traumatic arthritis of isolated joints of more than minimal degree, documented history of rheumatoid arthritis. Osteomyelitis, active recurrent, of any bone or substantiated history of osteomyelitis of any of the long bones unless successfully treated 2 or more years previously without subsequent recurrence or disqualifying sequelae as demonstrated by both clinical and X-ray evidence.

Spine and Musculoskeletal Disqualifications

Defects and diseases of the spine, scapulae, ribs, or sacroiliac joints which interfere with daily participation in rigorous physical training or athletic programs, with the wearing of military equipment, or which detract from military bearing or appearance. Spondylolysis or spondylolisthesis that is symtomatic or likely to interfere with performance. Gout. Deficient muscular development. Tuberculosis of the spine, active or healed. History of herniated nucleus pulposus, even if surgically corrected, is cause for disqualification.

Extremities Disqualifications

Absences or loss of more than one-third of the distal phalanx of either thumb. Absence of one phalanx of any finger in association with the absence of the little finger of the same



hand. Absence or loss of great toe(s) or loss of dorsal flexion thereof if function of the foot is impaired.

Neurological Disqualifications

History of head injury resulting in unconsciousness will be thoroughly evaluated. Periods of unconsciousness will require a complete neurological consultation to include electroencephalogarm. Degenerative disorders, convulsive disorders, even though controlled by medication. Residuals of infection (polio, meningitis, etc.). Miscellaneous disorders such as tics, spasms, and spina bifida associated with neurological manifestations. All periods of amnesia will be evaluated thoroughly and completely regardless of length History of unexplained unconsciousness. Multiple episodes of syncope (fainting). Documented history of migraine headaches or chronic headaches which interfere with daily functions or require medical treatment. A history of multiple episodes of air sickness (air, sea, swing, train, or carnival ride) will be thoroughly evaluated and may be cause for rejection.

Psychiatric Disqualifications

Psychosis or authenticated history of psychotic illness other than those of a brief duration associated with a toxic or infectious process. Psychoneurosis, personality disorders, other disorders of emotion, behavior, thought, intelligence, or mood difficult to define will be thoroughly evaluated and may be cause for disqualification.

Endocrine and Metabolic Disqualifications

Diabetes mellitus. Persistent glycosuria including renal glycosuria. Exophthalmic or adenomatous goiter, from any cause associated with toxic symptons. History of partial thyroidectomy will be cause for thorough evaluation and may be disqualifying. Other endocrine or metabolic disorders which preclude satisfactory performance of duty or which would require long term treatment.

Blood and Blood Forming Tissue Diseases Disqualifications

Anemia: blood loss anemia, iron deficiency anemia, hemolytic anemia, hereditary hemolytic anemia, thallassemia, and sickle cell anemia. Myelophthsis anemia: Myelomatosis, leukemia, Hodgkin's Disease. Primary refractory anemia. Aplastic anemia. Hemorrhagic states due to changes in coagulation system, platelet deficiency, vascular instability. Leukopenia, chronic or recurrent, associated with increased susceptibility to infections. Splenomegaly until the cause is remedied. Thromboembolic disease except for acute, nonrecurrent conditions.

Malignant Diseases and Tumor Disqualifications

The causes for rejection are: Leukemia, acute or chronic; malignant lymphomata, malignant tumor, except for small early basal cell epitheliomas, at any time, even though surgically removed, confirmed by accepted laboratory procedures.

Benign Tumor Disqualifications

The causes for rejection are: Any tumor of the auditory canal (if obstructive), eye or orbit, kidney, bladder, testicle or penis. Benign tumors of the abdominal wall if sufficiently larger to interfere with military duty. Benign tumors of bone likely to continue to enlarge, be subjected to trauma during military service, or show malignant potential.

Miscellaneous Medical Disqualifications

Systemic diseases and miscellaneous medical conditions and physical defects which interfere with the daily participation in a rigorous physical training or athletic program, with the wearing of military equipment, or which detract from a smart military bearing or appearance.

Dental Disqualifications

1. Diseases and abnormalities of the month:
   - (a) Diseases such as cysts, tumors, osteomyelitis, and other acute or chronic conditions which are not easily remedied or which may incapacitate the individual and prevent the satisfactory performance of duty.
   - (b) Loss of oral tissues sufficient to prevent replacement of missing teeth with a satisfactory prosthetic appliance.
   - (c) Perforation(s) of the hard palate.
   - (d) Harelip, unless satisfactorily repaired by surgery, and unsightly mutilations at the lip.
   - (e) Fractures:
     - (1) Malunion of a fracture that interferes significantly with function.
     - (2) Ununited fractures.
     - (3) Any fracture in which an insert such as a plate, pin, or screw was left in place for fixation and may be subject to easy trauma.
   - (f) Deformities or conditions of the mouth, to include insufficient functionally opposed natural or artificial teeth or malocclusion, which interfere with speech, breathing, or mastication and swallowing or ordinary food.
   - (g) A skeletal relationship between the mandible and maxilla which will preclude future satisfactory prosthetic replacement, if necessary.
2. Teeth:
   - (a) Numerious carious teeth which are unfilled or improperly filled or restored may be cause for disqualification.
   - (b) Grossly disfiguring spacing of anterior teeth.

Height and Weight Standards According to Age for Admission to USUHS

Men

Height in Inches	Minimum Weight Regardless of Age	—Maximum Allowable Weight— 18-20 Years	21-30 Years	31-35 Years
60	100	158	163	162
61	102	163	168	167
62	103	168	174	173
63	104	174	180	178
64	105	179	185	184
65	106	185	191	190
66	107	191	197	196
67	111	197	203	202
68	115	203	209	208
69	119	209	215	214
70	123	215	222	220
71	127	221	228	227
72	131	227	234	233
73	135	233	241	240
74	139	240	248	246
75	143	246	254	253
76	147	253	261	260
77	151	260	268	266
78	153	267	275	273
79	159	273	282	281
80	166	280	289	288

Women

		18-20 Years	21-24 Years	25-30 Years
58	90	121	123	126
59	92	123	125	129
60	94	125	127	132
61	96	127	129	135
62	98	129	132	139
63	100	135	136	141
64	102	136	140	144
65	104	140	144	148
66	106	144	149	151
67	109	147	151	156
68	112	152	158	159
69	115	158	160	164
70	118	162	166	168
71	122	168	171	171
72	125	171	175	176

Table II.

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Section 2: National Security Requirements

All potential entrants to the School of Medicine will be investigated by the National Agency Check Center, Defense Investigative Service, to ensure that their acceptance into the uniformed services of the United States is not detrimental to the interests of the national security. These investigations will be conducted prior to admission, and individuals who fail to meet suitability standards will not be eligible to enter the Medical School.

Although the security standards may appear to be quite rigorous, applicants need not be unduly intimidated by them. In practice, it is anticipated that only in extremely rare cases will these standards present an obstacle for individuals who would otherwise qualify for the School of Medicine.

Potential entrants will be required to complete forms concerning personal history at the time of their interview. These forms will be used by the National Agency Check Center as the basis for determining the potential entrant's suitability for service qualifications. A prospective student who fails or refuses to complete the statement in its entirety; intentionally fails or refuses to sign it; makes entries thereon which provide reason or belief that his/her acceptance may not be in the best interest of national security; or otherwise fails or refuses to answer any pertinent questions propounded in the course of an official investigation, interrogation, or examination conducted pursuant to a National Agency Check, will be denied admission to the School.

Appendix C

Course and Clerkship Descriptions

First-Year Courses

Biochemistry.

Provides an understanding of the molecular mechanisms of biological and pathological processes. Lectures on the structures of biological macromolecules are presented, and their various functions in structure, metabolism and information transfer are discussed. Lectures in nutrition emphasize the processing of nutrients, maintenance of health and nutritional assessments. Lectures in Mendelian genetics provide a formal basis for understanding inherited metabolic defects. A clinical correlation section aids in the practical interpretation of disease states. Laboratory experience is included to develop appreciation for quantitative and qualitative methods. (Department of Biochemistry)

Diagnostic Parasitology and Medical Zoology.

Protozoa, helminths, arthropods and animals encountered in the practice of military medicine are introduced in lectures and studied in the laboratory. Geographic distribution, life cycles, vectors, reservoir hosts, modes of transmission, and preventive measures are described as appropriate. Emphasis is placed on definitive diagnosis by recognition of morphologic features. (Department of Preventive Medicine and Biometrics)

Fundamentals of Epidemiology and Biometrics.

Approximately half of this course is devoted to didactic teaching and problem solving with Biostatistics. The remainder consists of lectures, seminars and laboratories to teach epidemiologic principles and definitions employing mainly an infectious disease model. (Department of Preventive Medicine and Biometrics)

Gross Anatomy.

The course consists of dissection of the cadaver with supplemental lectures in embryology, anatomical description and clinical correlation. In the laboratory, students work in groups of four at the cadaver. A study room is equipped with anatomical models, skeletal materials, films, slides and radiographs including CT scans to facilitate the learning of typographical anatomy. (Department of Anatomy)

Human Context in Health Care.

Through readings, lectures and discussion groups, the course is structured to acquaint the students with the uniquely human qualities of the participants, patient and physician, which are significant in the context of health care; to demonstrate how the manifestations of these elements transcend both the nature of the patient's illness and the particular specialty of the physician; and to indicate the crucial role of the physician's self-awareness in effectively dealing with these issues. (Department of Family Practice)

Introduction to Clinical Medicine I.

Students will learn interviewing skills in the first semester; they will observe physicians using these skills during new patient interviews; they will practice interviewing healthy medical students, healthy elderly subjects and in-patients. The second semester will be devoted toward learning how to perform the physical examination. Some time will be spent practicing presentation of findings. (Interdepartmental)

Medical History.

Describes the historical development of Western medicine with emphasis on medical practice, patient care and interactions between medicine and society. The development of military, naval and aviation medicine is presented in the context of the social and military events of the period. Particular attention is given to the growth of medicine in America from Colonial times to the present. (Section on Medical History)

Medical Physiology.

Medical physiology is a survey of the normal functioning of the body's systems. The course includes formal lectures in basic physiology which emphasize its significance in medicine. Laboratory instruction occurs primarily in student-operated experiments, supplemented by demonstrations. (Department of Physiology)

Medical Psychology.

Based on the literature of experimental psychology and related behavioral science fields, course content will include psychological processes related to etiology, diagnosis, and treatment of disease, health promotion/disease prevention, and interpersonal issues in medical practice. Selected topics include learning and behavioral biology, pain, behavior modification, neuropsychological assessment, emotional stress and coping, behavior and cardiovascular disorders, smoking, obesity, human development, and medical compliance. (Department of Medical Psychology)

Microscopic Anatomy.

Lectures describing cell structure-function are integrated with lectures-labs covering tissue and organ function. Lectures employ light and electron micrographs to illustrate major points. In laboratories students use light microscopes to study paraffin and plastic histologic sections of normal human and/lower mammalian tissue. (Department of Anatomy)

Military Medical Field Studies-Summer.

Through assignments to medical battalions in the divisions, Army students are provided with an opportunity to understand how the "soldiering" life affects health and how medical support is provided to the Army in the field. Assignments can involve one or more of the following: Division or Brigade Surgeon's Office, Medical Battalion, Combat Support Hospital, Evacuation Hospital, Field Hospital, or Clearing Company. Assignment of Navy students to the Atlantic or Pacific Fleet provides shipboard orientation, observation and participation in U.S. Marine Corps activities and experience with the Environmental Preventive Medicine Units. Assignment to New London affords the student a 200-hour Operation/Undersea Medicine Course. Assignment of Air Force students to bases of the major

Air Commands provides an appreciation for the line working environments of air crews and fight line maintenance and support personnel. (Department of Military Medicine)

Military Studies I.

An integrated course presenting the material required by students to appreciate the military and medical roles of the medical officer, the organization and operation of the uniformed services, their medical departments and their special medical problems and environments, and the history of the medical and military professions. Instruction in military applied physiology (taught with the Department of Physiology) is directed to the medical problems of military personnel exposed to environmental stresses and fatigue. (Department of Military Medicine)

Neuroanatomy.

Course consists of lectures, laboratory, demonstrations and clinical presentations dealing with the spinal cord and brain stem which are presented regionally, and lectures and laboratories that consider functional systems within the central nervous system. (Department of Anatomy)

Second-Year Courses

Clinical Concepts.

Prototype symptom complexes will be reviewed to demonstrate how anatomic, biochemical or physiological abnormalities induce symptoms, signs and laboratory findings. Lectures will be followed after an interval by case discussions in small groups. The course also includes preclerkship experience in surgery in laboratory format. Lecture presentations of a preclinical base in medicine, obstetrics/gynecology, pediatrics, and panel discussions of nutritional problems are also included. (Interdepartmental)

Clinical Pharmacology.

The course consists of 5 two-hour lectures and 5 two-hour small group discussion seminars. Lectures are devoted to general principles and techniques of rational therapeutic decision making and to the discussion of prototype management strategies. Workshops are conducted in small groups (15-20 students), precepted by clinical pharmacology faculty. Each workshop discussion focuses on a clinical case for which students prepare a written plan of therapy in advance. (Department of Pharmacology)

Ethical, Legal, and Social Aspects of Medical Care.

Provides an orientation to current issues discussed in medicine from legal, ethical, sociological, and economic perspectives. Issues include malpractice, informed consent, organ transplantation, experimentation, genetic screening, active and passive euthenasia, and legal processes as they interact with medicine. The course provides a framework for using diverse perspectives in analyzing current ethical problems in medicine at both the institutional and individual levels. (Interdepartmental)

Human Behavior.

This provides both lecture and seminar instruction of an introductory level on the behaviorial, psychophysiological and psychiatric disease problems from the perspective of human maturation and development. Emphasis is placed on sexual functioning, drug and alcohol use and abuse, psychophysiological/psychiatric disease problems in the medically ill and classical psychiatric disease. Demographic, social, psychobiological, genetic and environmental correlates of psychopathology are emphasized, as is the special relevance of these illnesses, their treatment and prevention to the military. (Department of Psychiatry)

Introduction to Clinical Medicine II.

There are 3 segments to this course: 1) Didactic and practical instruction in subspeciality areas (dermatology, neurology, etc.) with special instruction on the cardiovascular exam taught at the ACC Heart House; 2) 10 complete history and physical exams performed by each student on hospital inpatients; case discussion sessions with emphasis on physical diagnosis coordinated with the Clinical Concepts lecture series; 3) Practical sessions in the gynecological exam (taught by instructor/models) and the pediatric exam; hospital orientation with rotations through nursing, physical medicine and dietary. (Interdepartmental)

Medical Microbiology and Infectious Diseases.

Surveys the immunobiology of animal hosts and the biology of pathogenic bacteria, viruses, fungi, and parasites. Presents a broadly based introduction to immunology, general microbiology, antimicrobial agents, mechanisms of microbial pathogenicity, and host responses to infectious agents. Intended to provide a rational basis for studies on prevention, diagnosis, and treatment of infections and immunologically mediated human diseases. (Department of Microbiology)

Military Studies II.

Provides lecture and seminar experiences in medical command functions, medical staff operations, joint planning responsibilities in medical logistics, evacuation, and patient care. An overview of the principles of management, staff organizations, and joint medical organizations is given by lecture. (Department of Military Medicine)

Pathology.

Acquaints the student with the nomenclature, complications, pathogenesis, and manifestation of general pathology followed by the study of pathology by organ systems. The causes, manifestations, pathogenesis, structural abnormalities and laboratory findings of diseases and disease patterns are illustrated, correlated, and discussed for each major organ system. Lectures are supplemented with demonstrations, audio-visual material, and gross and microscopic materials. Laboratories and clinicopathological conferences cover additional material and supplement didactic lectures. (Department of Pathology)

Pharmacology.

A lecture and laboratory course covering the entire spectrum of drugs used in man, including aspects of toxicology, drug abuse, and the role of the regulatory agencies. Major systems discussed includes drugs affecting the central and peripheral nervous system, cardiovascular and renal systems, as well as GI drugs, hormones, vitamins, antiparasitic drugs, antibiotics, and others. (Department of Pharmacology)

Preventive Medicine.

Review of basic epidemiological and biostastical principles; presentation of specific information on disease trends in the general U.S. population and comparison with data for the U.S. Armed Forces; presentation of the main types of organization and systems for the provision of health services to the general U.S. population and comparison with military health care organizations and systems; presentation of principal disease and injury risks associated with environmental and occupational exposures with special emphasis on exposures peculiar to military environments. Emphasis will be on the application of basic principles and tools and factual information learned during earlier periods of instruction, to define specific problems and to develop practical approaches and plans for their resolution. (Department of Preventive Medicine and Biometrics)

Radiographic Interpretation.

Provides instruction in the understanding and analysis of basic roentegenograms. The student is introduced to the role of radiology in the diagnostic process by a series of lectures and discussions, supplemented by cases for individual study and review. Students achieve the ability to interpret basic radiographic pathology and to understand when the assistance of a radiologist is required. The series includes the discussion of plain films of the chest and abdomen, barium studies of the GI system, intravenous pyelography and bone films with emphasis upon traumatic lesions. (Department of Radiology)

Third-Year Clerkships

Family Practice.

Family practice clerkship provides the student with an opportunity to study comprehensive health care on a continuing basis. Students are supervised by a departmental preceptor and work with the other Family Practice staff and residents. The time will be divided between hospital, clinic and call experiences during which the student interacts with patients and provides medical care to the level of his/her competence. Lectures, discussions, and ward rounds consolidate the six weeks into an in-depth experience in family medicine. (Department of Family Practice)

Medicine.

During the 12-week rotation in internal medicine, students usually spend six weeks each at two of the following hospitals: Walter Reed Army Medical Center, Naval Hospital, Bethesda, Wilford Hall USAF Medical Center. This time is spent on the clinical wards caring for hospitalized patients. At least six weeks are spent on a general medicine ward. Students are junior members of teams consisting of attending physicians, residents, interns, and students. They make ward rounds with the house staff and attend regular teaching conferences, as well as medical grand rounds. Students will take night time and weekend call within their teams. (Department of Medicine)

Obstetrics and Gynecology.

The students will be provided with lectures covering all basic topics of obstetrics and gynecology which will allow them to make accurate patient evaluation and differential diagnosis. In addition, under the supervision of staff physicians, the students will have ambulatory patient contact and the responsibility for their treatment. They will participate in the care of obstetric inpatients to develop the skills necessary to follow normal labor and perform a normal vaginal delivery. Inpatient histories and physicals will be required on selected medical and surgical gynecologic patients. This experience will be supplemented by the student being in attendance when patients previously evaluated undergo surgery. (Department of Obstetrics and Gynecology)

Pediatrics.

During this six-week clerkship, the student is to learn the fundamentals of pediatric medicine through intimate involvement with patient care on newborn, inpatient and outpatient services and through other learning activities. Essentials of the pediatric history and physical exam are taught. A modular approach with defined learning objectives facilitates the acquisition of a fund of pediatric knowledge necessary for any physician regardless of ultimate career goals. (Department of Pediatrics)

Psychiatry.

During the clerkship, students participate in the diagnoses of treatment of ward and clinic patients with a wide variety of psychiatric problems. One afternoon each week is devoted to didactic instruction on major psychiatric conditions. Instruction includes group seminars, student case presentations, teaching rounds, and conferences. (Department of Psychiatry)

Surgery.

With six weeks of General Surgery and two weeks each of Orthopedic Surgery, Urology and Anesthesiology, students gain skills in managing patients in clinics, on wards and in the operating rooms as a member of a team. This includes histories, physicals, ward rounds, lectures, seminars and surgical techniques. There is a mandatory Distinguished Visiting Professors Lectures Series. (Department of Surgery).

Fourth-Year Courses and Clerkships

Elective/Selective Clerkships.

With the assistance of a faculty advisor, the student selects 28 weeks of elective/selective experiences from a wide variety of clinical and research areas (All departments)

Military Preventive Medicine.

Lectures and exercises on general preventive medicine including biostatistics, epidemiology, environmental and occupational health, tropical medicine, public health and health services administration. A review examination (Preventive Medicine Section section of Part II of National Boards) and a final course examination. (Department of Preventive Medicine and Biometrics)

Military Emergency and Contingency Medicine.

The clerkship is in three phases, designed to enhance the student's ability to function in both the pre-hospital and hospital phases of military medicine. Phase I includes Basic Life Support, Advanced Cardiac Life Support, Advanced Trauma Life Support and environmental medicine courses with emphasis on the development of critical cognitive and motor skills. Emergency surgical procedures are practiced in animal labs. In Phase II, the student performs patient stabilization, triage, transport and care in a mobile field medical facility. Phase III places the students in an emergency department to practice emergency medicine in a definitive care facility.

Neurology.

Four weeks are spent in the extensive neurological facilities of the Walter Reed Army Medical Center or the Naval Hospital, Bethesda. In close liaison with the resident, staff neurologist and USU preceptor, the student is supervised in the diagnosis and treatment of diseases of the nervous system in both in-patient and out-patient clinic settings. Clinical work is supplemented by 16 hours of formal lectures, seminars and journal clubs. Limited numbers of students, by prior arrangement, may spend time in the neurological clinic on the wards, and in the operating room. (Department of Neurology)

Tentative Medical School Calendar

First and Second-Year Classes—1984-85

July (Services orientation dates)	Army 11 July-7 Aug Navy 8 July-17 Aug Air Force 7 July-3 Aug
Mid-August 1984	First Year - Report to USUHS
Thur, 23 Aug 1984	Second Year - Report to USUHS
Mon, 27 Aug 1984	First and Second Year - Instruction begins
Mon, 3 Sep 1984	Labor Day (holiday)
Mon, 8 Oct 1984	Columbus Day (holiday)
Mon, 12 Nov 1984	Veterans Day (holiday observance)
Thur, 22 Nov-Fri, 23 Nov 1984	Thanksgiving recess
Thur, 20 Dec 1984-Tue, 1 Jan 1985	Winter recess
Mon, 21 Jan 1985	Inauguration Day observance
Mon, 18 Feb 1985	Presidents' Day (holiday)
Mon, 25 Mar-Fri, 29 Mar 1985	Spring recess
Fri, 17 May 1985	Second Year - Academic Year ends
Mon, 27 May 1985	Memorial Day (holiday)
Fri, 21 June 1985	First Year - Academic Year Ends

SUMMER SCHEDULE—1985

FIRST-YEAR CLASS

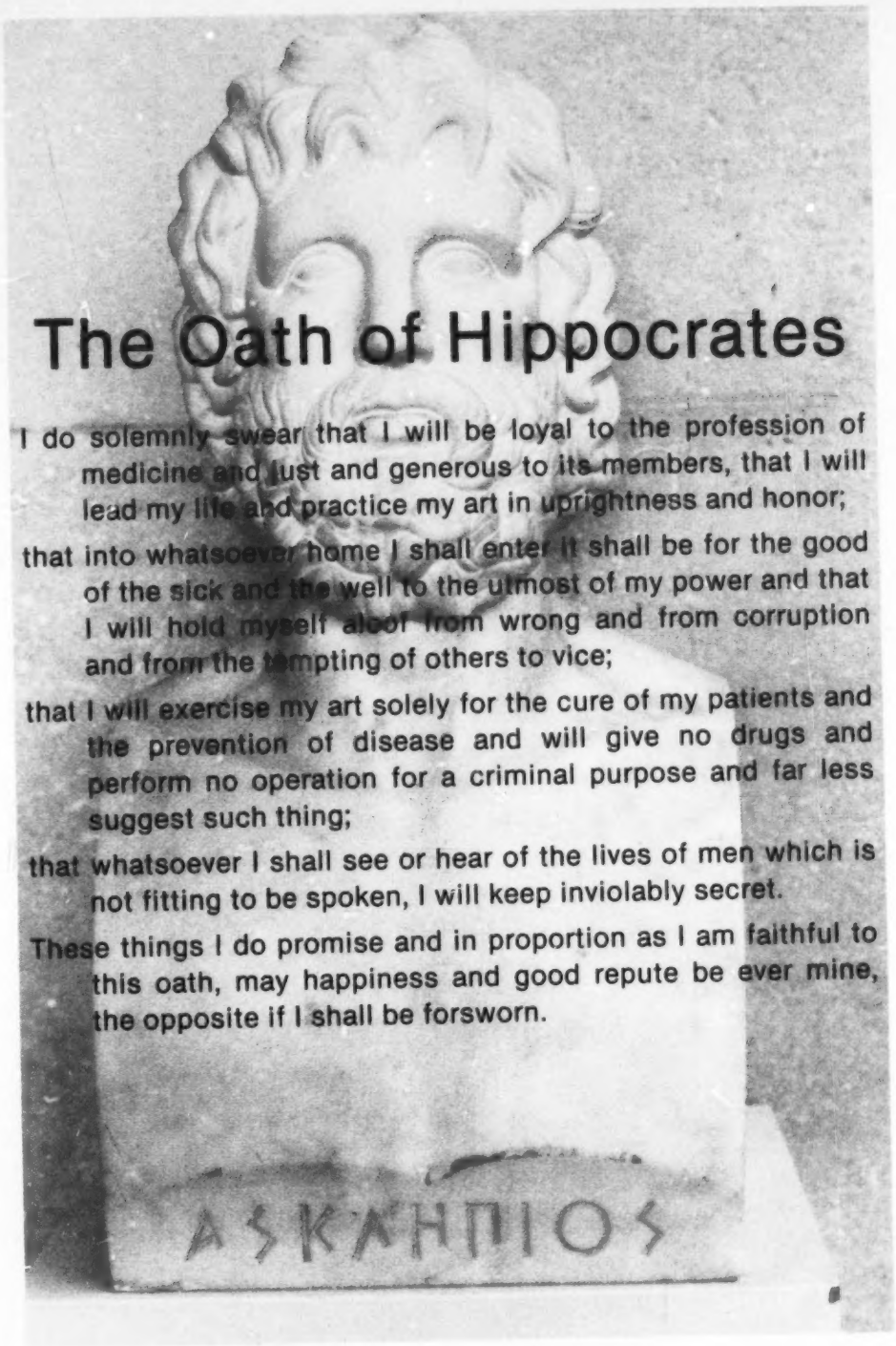
Sat, 22 June-Wed, 21 Aug 1985	Five-week elective experience and leave period

SECOND-YEAR CLASS

Sat, 18 May-Mon, 10 June 1985	Review for National Board Exams, Part I
Tue, 11 June-Wed, 12 June 1985	National Board Exams, Part I
Thur, 13 June-Sun, 30 June 1985	Leave Period

Third and Fourth-Year Classes—1984-85

Mon, 18 Jun-Fri 22 June 1984	Military Preventive Medicine (Fourth Year)
Sat, 23 June-Sun, 8 July 1984	Summer leave/permissive TDY (Fourth Year)
Mon, 2 July 1984	Third-Year instruction begins
Mon, 9 July 1984	Fourth-Year rotations begin
Mon, 3 Sep 1984	Labor Day (holiday)
Mon, 8 Oct 1984	Columbus Day (holiday)
Mon, 12 Nov 1984	Veterans Day (holiday observance)
Thur, 22 Nov 1984	Thanksgiving Day (holiday)
Sat, 15 Dec 1984-Tue, 1 Jan 1985	Winter recess (Third Year)
Sat, 22 Dec 1984-Sun, 6 Jan 1985	Winter recess (Fourth Year)
Mon, 21 Jan 1985	Inauguration Day (holiday observance—Washington, D.C., Metropolitan area only)
Mon, 18 Feb 1985	Presidents' Day (holiday)
Sat, 18 May 1985	Graduation
Mon, 27 May 1985	Memorial Day (holiday)
Fri, 21 June 1985	Academic year ends for Third-Year Class
Sat, 22 June-Sun, 7 July 1985	Summer leave/permissive TDY (Class of 1986)



The Oath of Hippocrates

I do solemnly swear that I will be loyal to the profession of medicine and just and generous to its members, that I will lead my life and practice my art in uprightness and honor;

that into whatsoever home I shall enter it shall be for the good of the sick and the well to the utmost of my power and that I will hold myself aloof from wrong and from corruption and from the tempting of others to vice;

that I will exercise my art solely for the cure of my patients and the prevention of disease and will give no drugs and perform no operation for a criminal purpose and far less suggest such thing;

that whatsoever I shall see or hear of the lives of men which is not fitting to be spoken, I will keep inviolably secret.

These things I do promise and in proportion as I am faithful to this oath, may happiness and good repute be ever mine, the opposite if I shall be forsworn.

Uniformed Services University
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